



COLLEGE of SAINT ELIZABETH

Application for Admission

Entry Information

Term you wish to enter: Fall 20____ Spring 20____

Will you attend: full-time part-time

Will you: live on campus commute from home

Will you enter as: first-year student transfer student

Personal Information

Name _____
last first middle preferred name

Mailing Address _____
number street

_____ city state zip

County _____ SS # _____

Home Phone (_____) _____ Cell Phone (_____) _____

Fax Number (_____) _____

E-Mail Address _____

Date of Birth ____/____/____ Country of Birth _____
mo day year

Citizenship: U.S.A. Permanent Resident

Alien Number _____ Date of Issue _____

Do you require a student visa? Yes No

Academic Information

High School Information

High School _____
school city, state date of h.s. graduation

School Phone (_____) _____ Guidance Counselor _____

Other H.S. Attended _____
(if applicable) school city, state

College Information

List all colleges where you have taken courses for credit. Please have an official transcript sent from each institution.

Name of College	Location (City, State, Zip Code)	Dates Attended	Certificate/Diploma or Number of Credits Completed

Standardized Test Scores

Please indicate all dates on which you have taken or plan to take the SAT or ACT.
 Check one: SAT ACT

_____ score month/year _____ score month/year _____ score month/year

Extracurricular Activities and Sports

You may also submit a separate list of extracurricular activities and work experience, if applicable.

Activity/Sport	Years Participated					Position/Office Held	Plan to Continue in College (✓)
	9	10	11	12	College		

Work and Volunteer Experience

You may also submit a separate list of extracurricular activities and work experience, if applicable.

Job/Community Service	Employer/Organization	Summer	School Year
<input type="checkbox"/> Volunteer <input type="checkbox"/> Work			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Work			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Work			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Work			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Work			

Family Information

Please complete this information about the parent(s) or guardian(s) with whom you currently reside.

Check one: Mother Stepmother Guardian

Check one: Father Stepfather Guardian

Name _____

Name _____

Home Phone (if different from yours) (____) _____

Home Phone (if different from yours) (____) _____

Place of Employment _____

Place of Employment _____

Position _____

Position _____

Work Phone (____) _____

Work Phone (____) _____

College (if any) _____

College (if any) _____

Degree _____

Degree _____

Please give names and ages of your brothers or sisters. If they have attended college, give the name of the institutions attended and approximate dates.

Name	Age	College Attended	Dates of Attendance

Academic Interests

Using the checklist below, indicate your intended college major (if you select more than one, PLEASE INDICATE YOUR FIRST CHOICE):

Majors:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Allied Health Studies | <input type="checkbox"/> Communication | <input type="checkbox"/> Global Studies | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> American Studies | <input type="checkbox"/> Computer Information Systems | <input type="checkbox"/> History | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Applied Science | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Individualized Major | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Art | <input type="checkbox"/> Education (Early Childhood and Elementary) | <input type="checkbox"/> Justice Studies | <input type="checkbox"/> Theology |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> English | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Women's Studies |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Foods and Nutrition | <input type="checkbox"/> Music | <input type="checkbox"/> I am undecided about a major at this time. |
| <input type="checkbox"/> Business Administration | | <input type="checkbox"/> Philosophy | |
| <input type="checkbox"/> Chemistry | | | |

Indicate any specific minor or area of concentration (OPTIONAL):

Minors and Concentrations:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> French | <input type="checkbox"/> Management | <input type="checkbox"/> Personal Fitness Training |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Managerial (Communications) | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Victim Services |
| <input type="checkbox"/> Education (Secondary) | <input type="checkbox"/> Journalism | <input type="checkbox"/> Mass Communication | <input type="checkbox"/> World Cultures |
| <input type="checkbox"/> Education (Special) | <input type="checkbox"/> Legal Studies | <input type="checkbox"/> Modern Language Studies | <input type="checkbox"/> World Politics |
| <input type="checkbox"/> Forensic Science | <input type="checkbox"/> Literary Studies | <input type="checkbox"/> Performance and Criticism | <input type="checkbox"/> Writing Studies |

Indicate if you are interested in any Special Program (OPTIONAL):

Combined/Dual Degree Programs

- | | |
|--|---|
| <input type="checkbox"/> B.S./M.S. Physician Assistant
(with Seton Hall University) | <input type="checkbox"/> B.S. in Business Administration/
M.S. in Management |
| <input type="checkbox"/> B.S./M.S. in Foods and Nutrition | <input type="checkbox"/> B.A./M.A. in Justice Studies |

Joint Programs with UMDNJ

- Cytotechnology
 Medical Technology

Required Essay

This essay helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It enables you to demonstrate your ability to organize thoughts and express yourself. Please discuss, in 1-2 pages, one of the following topics:

- 1) Evaluate a significant experience or achievement that has special meaning to you.
- 2) Discuss some issue of personal, local, or national concern and its importance to you.
- 3) Select a person who has had a significant influence on you and describe that influence.
- 4) What special attributes of the College of Saint Elizabeth encouraged you to apply, and what qualities do you have that you feel would enhance the CSE community?

Optional Information

Ethnic Background

Are you Hispanic or Latino? YES NO

Please select one of the following:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Native Alaskan | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | |

Religious Preference (if any): _____

Other Information

Please list the names and graduation dates of any friends or relatives who have attended or who now attend the College of Saint Elizabeth.

<i>Name</i>	<i>Graduation Year</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____

Who influenced your decision to apply to CSE?

<i>Name</i>	<i>Position</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____

**Optional
Information
(continued)**

How did you first hear about CSE? _____

Are you a niece or grandniece of a Sister of Charity? Yes No Name: _____

Is English the primary language spoken at home? Yes No If no, which language is spoken? _____

The Educational Opportunity Fund (EOF) program provides access to higher education for economically and educationally disadvantaged students.

Please complete the following if you would like to be considered:

Total Family Income: _____
(These figures should come from your 1040, Adjusted Gross Income or from a year-end statement from an untaxed income source. Attach most recent tax return.)

Number of adults and children who depend on head of household _____.

Do you have a sibling currently enrolled in an EOF program? Yes No

For how long have you been a New Jersey resident? Years ____ Months ____

Have you been a participant in the EOF Program at another school? Yes No

**Applicant's
Certification**

I hereby certify that all information supplied by me in this application is accurate and complete.

Signature of Applicant _____

Date _____

**Required
Documents**

First-Year students must submit the following:

- Completed application form, including required essay.
- \$35 application fee.
- Official high school transcript.
- SAT or ACT scores.
- Two letters of recommendation.

Transfer students must submit the following:

- Completed application form, including required essay.
- \$35 application fee.
- Official transcripts from all colleges/universities attended.
- One letter of recommendation.
- Students with under 32 credits must also submit their high school transcript and SAT scores.

**Estimating Your
Financial Aid**

Students who want to receive an early estimate of their Financial Aid Award are encouraged to complete the enclosed College of Saint Elizabeth Financial Aid Estimator Form. This form will allow us to approximate the amount of aid for which you will qualify.

The College of Saint Elizabeth does not discriminate on the basis of sex (except as permitted in Title IX, Education Amendment of 1972 for admission to single-sex colleges), physical handicap, race, age, color and national or ethnic origin, in the administration of its admissions, educational policies, scholarship and loan programs, or other college policies including employment.

The College of Saint Elizabeth has filed compliance with the Department of Health, Education and Welfare under Title VI-Civil Rights Act of 1964 as amended, Title IX, Education Amendment of 1972 as amended and Section 504 of the Rehabilitation Act of 1973 as amended.

For additional information:

Contact a CSE Admission Counselor

Call: 1-800-210-7900

Email: apply@cse.edu

Visit: www.cse.edu

Please return your completed form to:

College of Saint Elizabeth

Office of Admission, Santa Rita Hall

2 Convent Road

Morristown, New Jersey 07960-6989



**COLLEGE of
SAINT ELIZABETH**

Sponsored by the Sisters of Charity of Saint Elizabeth