



APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Last Name	First Name	M.I.
Street Address		
City	State	Zip Code
County		
Social Security Number		Date of Birth (mm/dd/yyyy)
Home Phone Number		Business Phone Number
Driver's License Number		State

EDUCATION

College Attended	City/State	From (mm/yyyy)	To (mm/yyyy)	Graduated (Yes/No)

EMPLOYMENT HISTORY

Employer	Address	From (mm/yyyy)	To (mm/yyyy)	Type of Work

REGISTRATION

Semester: Fall _____ Spring _____ Summer _____

Status: Full-time _____ Part-time _____

Attending: Day _____ Evening _____

SURVEY

Please indicate how you became interested in Elyon College:

College _____ Guidance Counselor _____ Business teacher _____
Former Student _____ Television _____ Radio _____
Newspaper _____ Mailer _____ Agency Referral _____
Other _____

PERSONAL

In the event of emergency, please provide the following information:

Closest Relative Name _____

Relationship _____

Address _____

City, State, Zip Code _____

Home Phone Number _____

Work Phone Number _____

Employer _____

Address _____

Telephone _____

STATEMENT OF TERMS

In consideration of the undertaking by the Admission Office to process this form, I agree that the information furnished is accurate to the best of my knowledge. Elyon College agrees to treat all information contained herein and any additional information received from other sources in a confidential manner.

I authorize Elyon College to use my name and/or photograph for advertising or other promotional purposes. I agree to comply with the terms and conditions set forth in the College catalog.

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN/SPOUSE _____ DATE _____
(Required from all students under 17 years of age.)

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Non-Discrimination

Elyon College shall adhere to all applicable non-discrimination laws and regulations. The College shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to its students and shall not discriminate on the basis of race in administration of its educational policies, admission policies, scholarship and loan programs and athletic or other school administered programs

HIGH SCHOOL TRANSCRIPT RELEASE

I hereby certify that I am / am not a High School graduate.
(Circle whichever applies)

My signature below gives _____ my permission
(School's Name)

to release a transcript of my grades to Elyon College, 1400 West 6 Street, Brooklyn, NY 11204.

I last attended / graduated from your High School in _____
(Circle whichever applies) Date

APPLICANT SIGNATURE _____ DATE _____