



APPLICATION FOR TRANSFER ADMISSION

INSTRUCTIONS

1. Complete and submit this application, including the personal essay.
2. Contact the registrar at ALL colleges attended and request that an official transcript be sent directly to the Ashland University Office of Admission. Failure to disclose past attendance at any college or university could be cause for denial of admission or dismissal from Ashland University.
3. If you do not hold an associate's degree, contact the guidance office at your high school and request that an official transcript be sent directly to the Ashland University Office of Admission.

Please Note: Students interested in part-time weekend/evening classes or graduate programs in business, education or theology may request an application for those programs by calling 1-800-882-1548 and asking for the appropriate office.

PLEASE PRINT LEGIBLY IN PEN.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME
BIRTH DATE		MALE/FEMALE	
PERMANENT ADDRESS/NUMBER AND STREET			
CITY	STATE	ZIP CODE	COUNTY
CURRENT ADDRESS IF DIFFERENT THAN ABOVE/NUMBER AND STREET			
CITY	STATE	ZIP CODE	COUNTY
HOME PHONE		CELL PHONE	
E-MAIL THAT YOU REGULARLY CHECK		SOCIAL SECURITY NUMBER	
MARRITAL STATUS	MAIDEN NAME	OTHER NAME UNDER WHICH RECORDS MAY APPEAR	
RELIGIOUS PREFERENCE			
IF YOU ARE A MEMBER OF THE BRETHREN CHURCH, CHURCH NAME		CITY	

Ashland University admits students with handicaps and those of any sex, race, age, religion, color and national or ethnic origin. In order for the University to respond to required state and federal questionnaires, you are asked to assist us, on a voluntary basis, by responding to the following questions:

Race:

- American Indian/Alaska Native
 White
 Hawaiian/Pacific Islander
 Black/African American
 Asian

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Are you a U.S. citizen? Yes No If not, what is your present visa status? _____

Have you ever been charged with or convicted of a felony? Yes (please attach explanation) No

FOR UNIVERSITY USE ONLY

ID#	Class Rank	H.S. GPA	ACT	CR SAT M	College GPA	Semester Hours

FAMILY INFORMATION

Father: Living? yes no

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS (IF DIFFERENT THAN YOURS)	CITY	STATE/ZIP CODE
TELEPHONE		
OCCUPATION	EMPLOYER	
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE

Mother: Living? yes no

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
STREET ADDRESS (IF DIFFERENT THAN YOURS)	CITY	STATE/ZIP CODE	
TELEPHONE			
OCCUPATION	EMPLOYER		
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE	
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE	

Spouse or Legal Guardian *(if other than parents)*

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
STREET ADDRESS (IF DIFFERENT THAN YOURS)	CITY	STATE/ZIP CODE	RELATIONSHIP
TELEPHONE			
OCCUPATION	EMPLOYER		
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE	
COLLEGE ATTENDED (IF APPLICABLE)	DATES ENROLLED	DEGREE	

Names of Siblings/Children

FIRST NAME	LAST NAME	YEAR OF HIGH SCHOOL GRADUATION
FIRST NAME	LAST NAME	YEAR OF HIGH SCHOOL GRADUATION
FIRST NAME	LAST NAME	YEAR OF HIGH SCHOOL GRADUATION
FIRST NAME	LAST NAME	YEAR OF HIGH SCHOOL GRADUATION

Names of relatives who are alumni or current AU students

FIRST NAME	LAST NAME	RELATIONSHIP	DATES ENROLLED
FIRST NAME	LAST NAME	RELATIONSHIP	DATES ENROLLED
FIRST NAME	LAST NAME	RELATIONSHIP	DATES ENROLLED
FIRST NAME	LAST NAME	RELATIONSHIP	DATES ENROLLED

EDUCATION

(Please list all colleges/universities you have attended. If you need additional space, please attach)

NAME OF INSTITUTION CITY/STATE

DATES ENROLLED TOTAL HOURS DEGREE RECEIVED

NAME LISTED ON TRANSCRIPT IF DIFFERENT

NAME OF INSTITUTION CITY/STATE

DATES ENROLLED TOTAL HOURS DEGREE RECEIVED

NAME LISTED ON TRANSCRIPT IF DIFFERENT

NAME OF INSTITUTION CITY/STATE

DATES ENROLLED TOTAL HOURS DEGREE RECEIVED

NAME LISTED ON TRANSCRIPT IF DIFFERENT

NAME OF INSTITUTION CITY/STATE

DATES ENROLLED TOTAL HOURS DEGREE RECEIVED

NAME LISTED ON TRANSCRIPT IF DIFFERENT

Did you leave the last institution you attended in good academic and social standing?

Yes No, Reason _____

(If you do not have an Associate's Degree, list the high school you attended. Please have official transcripts forwarded to Ashland University.)

NAME OF HIGH SCHOOL DATES ATTENDED CEEB CODE

COMPLETE ADDRESS

COUNSELOR'S NAME TELEPHONE E-MAIL ADDRESS

EMPLOYMENT

(Please list work experience that you have gained.)

EMPLOYER JOB TITLE EMPLOYMENT DATES HOURS PER WEEK

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GENERAL INFORMATION

(Check all sources that influenced your application.)

- AU Admission Representative _____
NAME
- AU Student _____
NAME
- AU Alumnus _____
NAME
- Parent _____
NAME
- College Counselor _____
NAME
- Guidance Counselor _____
NAME
- Other Person _____
NAME/RELATIONSHIP TO YOU
- AU Publication AU Web Site _____
- Campus Visit Other Internet Source _____
- Program of Study Other _____

Have you visited our campus? Yes No

If you have not visited our campus, we encourage you to schedule a visit with the Office of Admission. Call 1-800-882-1548 and ask for the Office of Admission or call 419-289-5052. You may arrange a visit online by clicking "visit campus" on the web site.

Hometown newspaper _____

To what other colleges/universities are you applying?

Will or have you applied for financial aid by filing the Free Application for Student Aid (FAFSA)? Yes No

PERSONAL STATEMENT

The personal statement allows an opportunity for us to become better acquainted with you. A writing sample provides valuable insight which might not be discovered from grades, courses and ACT/SAT scores. Please submit a personal statement describing yourself, your goals and your reason(s) for applying to Ashland University.

VERIFICATION

I hereby certify that the above information is accurate and complete. I understand that any misrepresentation of facts or omission of requested information on this application may be cause for denial of admission or dismissal from Ashland University. Additionally, I agree to adhere to the conduct norms of the campus community and all policies/regulations of Ashland University.

SIGNATURE

DATE

Ashland's policy is to release your name, address and basic attendance information to persons who inquire from outside the University. If you do not wish us to release any information you must notify the Registrar's Office and the Office of Admission in writing.