

CLARION UNIVERSITY

Undergraduate Admission Application

Office of Admissions
 Clarion University of Pennsylvania
 Clarion, Pennsylvania 16214-1232
 Phone 800-672-7171 or 814-393-2306

NOTE: if you have already applied to Clarion, please pass this application along to a friend.

Office Use Only	
A	P

Please include \$30 application fee made payable to Clarion University.
Please type or print in ink.

Name _____ S.S.# _____ / /
Last First Middle Other or former names

Home street address _____

City _____ State _____ Zip _____ E-mail address if any _____

Phone () _____ Birth date _____ Is this a military address? no yes

Are you a legal resident of Pennsylvania? yes/name of county _____ no

Please indicate the semester and year for which you are applying: fall spring year _____

Please check one in each column:

- | | | | | | |
|------------------------------------|---------------------------------|---|--|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Male | <input type="checkbox"/> Residence Hall | <input type="checkbox"/> Clarion Campus | <input type="checkbox"/> Freshman | <input type="checkbox"/> U.S. citizen |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Female | <input type="checkbox"/> Commuter | <input type="checkbox"/> Venango Campus | <input type="checkbox"/> Transfer | <input type="checkbox"/> International student |
| | | <input type="checkbox"/> Off-campus | <input type="checkbox"/> Lock Haven (Nursing) | <input type="checkbox"/> Transient | |
| | | <input type="checkbox"/> Venango Student/Clarion Dorm | <input type="checkbox"/> Pittsburgh-Nursing, BSN, ND | | |

If non-U.S. citizen, indicate one: Permanent resident (green card) Other (specify) _____

Emergency Contact

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Name _____	Relationship _____	Phone () _____
Street or box _____	City _____	State _____ Zip _____

Educational Data

Please have official transcripts of all academic work sent to Clarion university Admissions Office. High school transcripts should include grade-point average, class rank, SAT or ACT scores, school seal, and graduation date.

Name of High School(s) Attended (No initials)	Address (Include city and state)	Date Entered	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____

GED yes no Date received (Please forward a photocopy) _____

Name of college(s) attended (No initials)	Address (Include city & state)	Date(s) of attendance From To	QPA
_____	_____	_____	_____
_____	_____	_____	_____

College Major

Please list your academic major choice (see listing under Academic Choices).

Academic choice (major) _____ Degree sought _____

Options for education majors:

- Teacher certification Athletic coaching endorsement Environmental education certification

If you wish to be designated a pre-professional student, check one of the following:

- Pre-Engineering Pre-Law Pre-M.B.A. Pre-Theology

If you wish to be designated a pre-professional student in the health field, check one of the following:

- Pre-Chiropractic Pre-Dentistry Pre-Medical Pre-Optometry
 Pre-Pharmacy Pre-Podiatry Pre-Veterinary

