



**DEPARTMENT OF MANAGEMENT
AND ADULT STUDIES**



Accelerated BSIT Program

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Name (last, first and middle names)		Name preference or nickname	
Street address (do not abbreviate)		Suffix (i.e. Jr., III, etc.)	Title (i.e. Mr., Mrs., etc.)
City (also enter province if other than U.S.)	County	Business phone	
State (also enter country if other than U.S.)	Zip code	Home phone	
Former last name(s) – if any (optional)		Cell phone	
E-mail address		Social Security # (optional but required for federal financial aid recipients)	
Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Foreign citizen, non-immigrant <input type="checkbox"/> Foreign citizen, permanent U.S. resident Country of citizenship, if other than U.S. _____ Type of visa held _____ Native language _____			
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please attach page with explanation.			

OPTIONAL INFORMATION

Your response to the following questions in this section will in no way affect your admission status. The optional information is requested so that Trevecca may demonstrate its compliance with federal regulations and may compile meaningful statistics.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Ethnic Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or Afro-American <input type="checkbox"/> Hispanic of any race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Other: _____	
Place of Birth	* Date of Birth (ex. 06 15 1986 for June 15, 1986)
Religious preference	Home church
If you have a disability that should be brought to the attention of the University, please submit a confidential request for accommodation to the Coordinator of Disability Services. Documentation of disability may be required.	

PROGRAM INTENT

Term of Enrollment - Indicate the month and year you plan to attend Month _____ Year _____
Are you planning to work toward a degree at this time? <input type="checkbox"/> yes <input type="checkbox"/> no

PLEASE COMPLETE REVERSE SIDE

* Admissions requirement for adult degree-completion programs.

EDUCATIONAL INFORMATION

List each college, university and/or seminary attended (including Trevecca Nazarene University if you are re-applying). ONE official Transcript from ALL previously attended institutions must be sent directly to the address listed below.

Educational Institution	City, State	Degree received	Dates attended year to year	Name in which transcript is issued

Are you currently enrolled? yes no

Highest school your father completed: Middle School/Jr. High High School College or beyond Other/unknown

Highest school your mother completed: Middle School/Jr. High High School College or beyond Other/unknown

EMPLOYMENT INFORMATION

Indicate any current full-time and part-time employment

Occupation	Employer	Location	Dates

To qualify for admission the applicant must meet the requirements as outlined in the current Trevecca catalog and procedural guidelines.

I certify that the above statements are accurate and complete to the best of my knowledge. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to/or continuation in Trevecca. As the basis of my application for admission, I accept the University statement of educational philosophy, purpose, and objective, and I will abide by the standards and regulations of the University.

Date _____ Signature of applicant _____

Trevecca Nazarene University complies with all statutory and regulatory nondiscrimination requirements applicable to the institution in the administration of its educational policies, programs, scholarships, loan programs, equal opportunity employment practices, athletics, and other school-administered programs.

Trevecca will comply with Title VII of the Civil Rights Act and with the terms of the President's Executive Orders 11246 and 11375 on Equal Employment Opportunity, Section 503 of the Rehabilitation Act of 1973, as amended, and Section 402 of the Vietnam Veterans Readjustment Act of 1974, as amended. Accordingly, there shall be no discrimination against any employee or applicant because of race, color, sex, national origin, disability or veteran status.

To resolve any matter prohibited by Section 504, Title IX, and ADA, a student is to follow the existing grievance procedure that is included in either the student's academic catalog or the Student Handbook, depending on the nature of the concern.

PROGRAM CONTACT INFORMATION

To be considered for admission to Trevecca you must complete the application for admission and submit the completed application with the \$25 non-refundable fee to the address listed below.

MAS Department
 Trevecca Nazarene University
 333 Murfreesboro Road • Nashville, TN 37210-2877
 Phone: (615) 248-1529 or (800) 818-4256 • Fax: (615) 248-1700
 management@trevecca.edu • www.trevecca.edu/bsit