

APPLICATION FOR ADMISSION



THIEL
COLLEGE

Student Status (check one): First-year Transfer
Attending (check one): Full-time Part-time
Housing (check one): On-campus Commuter
Entering (check one): Fall Term 20 ____ Spring Term 20 ____
Financial Aid (check one): I plan to apply I will not apply

PERSONAL INFORMATION

Legal Name (*last, first, middle*): _____

Preferred Name (*nickname*): _____ Gender identity: Male Female Self-identity

Permanent Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone (*include area code*): _____ Home Phone (*include area code*): _____

Full Birth Date: _____ Social Security Number: _____ Email Address: _____

Citizenship: U.S. Citizen U.S. Permanent Resident; Citizen of: _____

Other Citizenship Country: _____ Visa Type: _____

Are you or have you ever been a member of the United States military? Yes No

Are you eligible to participate in the Yellow Ribbon GI Education Enhancement Program? Yes No Not Sure

Have you ever been convicted of or pleaded guilty to a crime (other than a summary traffic offense)? Yes No

If yes, please briefly explain (include separate sheet if necessary): _____

PARENT/GUARDIAN INFORMATION

Name (*last, first, middle*): _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: Mother Father Guardian College Graduate? Yes No Institution: _____

Name (*last, first, middle*): _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: Mother Father Guardian College Graduate? Yes No Institution: _____

Is either parent an active pastor in a Lutheran Church? Yes No If yes, please identify church: _____

RELATIVES WHO ARE ATTENDING OR HAVE GRADUATED FROM THIEL COLLEGE

Name: _____ Class: _____ Relationship: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL

GED Certificate? Yes No

School Name: _____ Guidance Counselor: _____ Phone: _____

Graduation Year: _____ City: _____ State: _____ County: _____

Have you ever been found responsible for a disciplinary violation at this education institution related to academic or behavioral misconduct that resulted in disciplinary action? Yes No

OTHER COLLEGES OR UNIVERSITIES

College/University Name: _____ City: _____ State: _____ Zip: _____

Dates Attended: _____ Degree(s) Earned: _____

MAJORS/FIELDS OF STUDY: Please check the box next to the major/field of study you are presently considering.

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Accounting <input type="checkbox"/> Actuarial Studies <input type="checkbox"/> Biochemistry <input type="checkbox"/> Biology Business Administration <ul style="list-style-type: none"> <input type="checkbox"/> Advertising & Marketing <input type="checkbox"/> Finance <input type="checkbox"/> General <input type="checkbox"/> Human Resources Management <input type="checkbox"/> International Business <input type="checkbox"/> Management <input type="checkbox"/> Sports Management <input type="checkbox"/> Supply Chain Management <input type="checkbox"/> Chemistry <input type="checkbox"/> Communication Sciences & Disorders <input type="checkbox"/> Communication Sciences & Disorders/ Speech-Language Pathology (5 year B.S./M.S.) <input type="checkbox"/> Communication Studies <input type="checkbox"/> Computer Science <input type="checkbox"/> Conservation Biology <input type="checkbox"/> Criminal Justice Studies <input type="checkbox"/> Cytotechnology <input type="checkbox"/> Dual Degree Engineering | <ul style="list-style-type: none"> Education <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood/Special Education <input type="checkbox"/> Secondary Education Biology <input type="checkbox"/> Secondary Education/Chemistry <input type="checkbox"/> Secondary Education/English <input type="checkbox"/> Secondary Education/History <input type="checkbox"/> Secondary Education/Mathematics <input type="checkbox"/> Secondary Education/Physics English <ul style="list-style-type: none"> <input type="checkbox"/> Creative Writing <input type="checkbox"/> Drama <input type="checkbox"/> General <input type="checkbox"/> Literature <input type="checkbox"/> Professional Writing <input type="checkbox"/> Environmental Chemistry <input type="checkbox"/> Environmental Safety Management <input type="checkbox"/> Environmental Science <input type="checkbox"/> Exercise Science <input type="checkbox"/> Forensic Accounting <input type="checkbox"/> Health Systems <input type="checkbox"/> History <input type="checkbox"/> Individualized Major | <ul style="list-style-type: none"> Information Systems <ul style="list-style-type: none"> <input type="checkbox"/> Business Information Systems <input type="checkbox"/> E-commerce <input type="checkbox"/> General <input type="checkbox"/> Web Development <input type="checkbox"/> Mathematics Media & Journalism <ul style="list-style-type: none"> <input type="checkbox"/> Business and Financial Journalism <input type="checkbox"/> Digital and Print Media <input type="checkbox"/> Television, Radio and Online Media <input type="checkbox"/> Medical Technology <input type="checkbox"/> Neuroscience <input type="checkbox"/> Philosophy <input type="checkbox"/> Physics <input type="checkbox"/> Political Science Psychology <ul style="list-style-type: none"> <input type="checkbox"/> Cognitive Psychology <input type="checkbox"/> Counseling <input type="checkbox"/> General <input type="checkbox"/> Social Psychology <input type="checkbox"/> Public Policy Public Relations, Advertising & Integrated Marketing Communication <ul style="list-style-type: none"> <input type="checkbox"/> Management | <ul style="list-style-type: none"> <input type="checkbox"/> Media <input type="checkbox"/> Religion <input type="checkbox"/> Sociology <input type="checkbox"/> Theology & Youth Ministry Pre-Health Programs <ul style="list-style-type: none"> <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dental <input type="checkbox"/> Medicine <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatry <input type="checkbox"/> Veterinary Pre-Professional Programs <ul style="list-style-type: none"> <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Law <input type="checkbox"/> Mortuary Science <input type="checkbox"/> Undecided |
|---|--|--|---|

ACTIVITIES: Please list activities and athletics in which you participated, the number of years you were involved, and any special recognition or awards below. Please check the box next to any activities you would like to continue in college. Please attach additional documents as needed.

(activity/award)	<input type="checkbox"/>	(activity/award)	<input type="checkbox"/>	(activity/award)	<input type="checkbox"/>
(sport)	(#yrs.)	(sport)	(#yrs.)	(sport)	(#yrs.)

OPTIONAL INFORMATION

Your responses are voluntary, will be kept confidential, and will not be used in the admission decision.

ETHNICITY: If you wish to be identified with a particular ethnic group, please select the choice(s) that most accurately describe your heritage.

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

RELIGIOUS PREFERENCE: _____ None

APPLICATION AGREEMENT

Please read carefully and sign as indicated.

Attendance at Thiel College is a privilege. In order to uphold the ideals of scholarship and sound moral character, Thiel College requires all members of the academic community to behave responsibly and to adhere to the code of student conduct. Thiel College reserves the right, and the student concedes to the College the right, to enforce the code of student conduct through the appropriate sanctions, including dismissal of the student at any time and for any reason deemed sufficient. Further, I authorize the College to use data in admissions processes, for purposes of advising, and in reports as may be necessary to assure opportunity for all students, principally with regard to the federal and state programs of financial assistance.

I agree to comply with all regulations and requirements and to cooperate with the administrative officers, faculty and my fellow students in maintaining high standards of conduct and scholarship and in promoting the general welfare of the College. All information is true and complete to the best of my knowledge.

Applicant Signature: _____ Date of Application: _____

SUBMIT TO: Thiel College Office of Admission
 75 College Avenue, Greenville, PA 16125
 Fax 724-589-2013 • admissions@thiel.edu

Please be sure to also send your official high school transcript and ACT or SAT scores. Once the Office of Admission has received all of your materials, your file will be thoroughly reviewed and you may expect a decision within two weeks. In special circumstances, we may request more information or a personal interview. You will be notified of the admission decision in writing via mail.

You may also apply online at www.thiel.edu/apply or at the Common Application website at www.commonapp.org.



THIEL

COLLEGE

08/25/19