

Please indicate your program of interest (check only one):

- Bachelor of Science in Business Administration
- Bachelor of Science in Counseling
- Bachelor of Science in Ministry
- Bible Certificate

Please indicate your primary choice of format (Circle one):

Onsite Online Both

What term do you plan to enroll?

Fall 20____ Spring 20____ Summer 20____



Application for Admission

Personal Information

First Name	Last Name
Middle Name	Maiden Name
Address	City, State, Zip
County	Email
Cell Phone	Home Phone
Date of Birth	Social Security #
Gender (circle one): Male Female	Marital Status (circle one): Single Married Divorced
Spouse's Name	Children's Names:
Are you a U.S. Citizen? Yes ____ No ____ <i>If no, what is your country of citizenship?</i>	If a non-citizen residing in the U.S., what is your immigration status?
Ethnicity (<i>optional, for institutional research purposes only</i>) African American ____ Asian ____ Caucasian ____ Hispanic or Latino ____ Native American ____ Pacific Islander ____ Other ____	

Employment Information

Are you currently employed? Yes ____ No ____ Full time ____ Part time ____

Current Employer's Name	Date of hire
Employer's Address	City, State, Zip
Position/Responsibilities	
Will your employer provide tuition reimbursement or aid of any kind? Yes ____ No ____	
Previous Employers (Name of Employer, Position, Dates Employed) LIST BELOW	

Academic Information

List all high schools, colleges and professional schools in the order you attended them. If you have taken college credits while enrolled in high school, please list the college offering the classes. All colleges must be listed, even if you do not plan to transfer credit. Also, if applicable, list branch of any military service, college credit tests or exams taken (GED, CLEO, PEP, DANTES, USAFI), and certificate dates and/or licenses

Name of Institution	City, State	Years Attended (MM/YY-MM/YY)	Degree/Diploma/ Total credit hours earned

Have you ever been dismissed or placed on probation from another institution? Yes___ No___ (If yes, please attach explanation.)

Are you interested in applying for financial aid? Yes___ No___

Have you completed a FAFSA online?
(Free Application for Federal Student Aid) Yes___ No___

Please read and sign

I understand that I am responsible for the submission and receipt, by Crossroads College, of official transcripts of my records, and that Crossroads College will accept, as its own property and for its permanent file, only those official transcripts issued directly by each institution I have attended.

Crossroads College will not inform me when documentation arrives. I am responsible for monitoring the status of my application and to ensure the completion of my official file.

Formal admission to Crossroads College Compass Adult Studies program as a degree candidate is granted only after all admissions materials have been received and all admissions requirements are met.

I certify that the information given on this application for admission is complete and correct to the best of my knowledge, and that I have attended no colleges and/or institutions other than those listed. I also authorize Crossroads College to make appropriate inquiries when necessary to verify the accuracy of my records.

Your Full Name:

Signature

Date

Please sign and mail form with the \$30 application fee to:

Crossroads College Compass Adult Studies Department

920 Mayowood Road South West
Rochester, Minnesota 55902-2382

Crossroads College is registered as a private institution with the
Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71.
Registration is not an endorsement of the institution.

