

Mr. Ms.

Applicant's Last Name _____ First Name _____



UNDERGRADUATE PROGRAMS

APPLICATION FOR ADMISSION/READMISSION

2173 NW 99TH Ave.

Miami, FL 33172

305.593.1223 – 800.672.3246

FAX: 305.593.1854

<http://mia.albizu.edu>

ADMISSIONS OFFICE USE ONLY

STUDENT ID # _____

OFFICIAL TRANSCRIPTS

COUNSELOR ID# _____

COUNSELOR NAME _____



Miami Campus – UNDERGRADUATE APPLICATION
2173 NW 99th Avenue
Miami, FL 33172

Application for Admission

Readmission

General Information

Mr. Ms. Last Name First Name

Middle Name Social Security Number Birth Date

Address (Street) (Apt. #)

(City) (State) (Zip) E-mail Address

Home Phone: Work Phone: Mobile:

Preferred contact method: US Mail Phone Email Best time to call: A.M. P.M. Evening

Citizenship / Immigration Status

Country of Birth

U.S. Citizen

Resident Alien (Please provide Alien No.)

International Student (Visa Type and Number:) Expiration Date:

Native Language

If other than English, how proficient are you in the English Language?

Table with 4 columns: Skill (A. Listening, B. Speaking, C. Reading, D. Writing), Proficiency (Fluent, Somewhat fluent, With difficulty), and checkboxes.

Nonresident aliens who do not have a degree from a regionally accredited United States institution and/or whose native language is other than English may be required to present evidence of proficiency in English...

How did you become aware of CAU? (Please be specific)

Have you ever attended CAU before? Yes No If yes, when?

Enrollment Status

Applying for admission in:

- Fall 20
Spring 20
Summer 20

I will enroll as:

- Degree candidate
Non-degree student
Certificate

Program Selection

- Bachelor of Arts in Elementary Education
Bachelor of Science in Psychology
Bachelor of Business Administration
English for Speakers of Other Languages (ESOL)
Other

Educational History

List all colleges/universities and professional schools attended in chronological order starting with the most recent. An official transcript must be provided from each institution attended. Failure to list all institutions could result in having your application denied or admission rescinded.

Name and Location (Please do not abbreviate or use acronyms)	Date of Attendance		Degree or Diploma and Date Conferred	GPA	Credit Hrs. Earned/ Expected to be earned
	From Month/Year	To Month/Year			

High School/GED Graduation/Completion Date _____ High School Name _____

Occupational History

List the last three (3) positions held, starting with the most recent. Please provide the name and address of employer, and name your immediate supervisor.

Occupation and Position Title	From Month/Year	To Month/Year	Employer	Supervisor and Phone Number

Statements of Fact

1. Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, pleaded nolo contendere (no contest), to any charges in any jurisdiction or have you ever been a defendant in a military court-martial? Yes No
2. Do you have any administrative or criminal actions pending before any forum?..... Yes No
3. Have you ever been charged with a criminal violation before any forum?..... Yes No
4. Have you ever been charged with or subject to disciplinary action for scholastic or any type of misconduct at any educational institution? Yes No
5. Have you ever had any professional license revoked, suspended, or had any disciplinary action taken against you by a professional regulating body? Yes No

If you answered **yes** to any of the above, you must submit a full statement of relevant facts on a separate sheet and attach it to this form. You may be required to furnish the University with copies of all official documents explaining the final disposition of related proceedings.

Emergency Contact

Name _____

Address _____
(Street) (Apt. #)

_____ E-mail Address _____
(City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Mobile: _____

Optional Information

The provision of this information is voluntary and is only requested for reporting purposes.

1. Race/National Origin (Please check only one)

- American Indian or Native Alaskan Asian or Pacific Islander African American (Not Hispanic)
 Hispanic (Please specify below) White (Not Hispanic) Other _____
 Mexican Cuban Puerto Rican Other _____

2. Marital Status: Single Married Divorced Widowed Separated 3. Number of Dependents: _____

4. Florida Resident? Yes No (If no, indicate place of residence) _____

5. Do you wish to request special admission considerations or academic accommodations based on a documented disability? Yes No

Read Before Signing

1. Please submit this completed form to the CAU Admissions Office accompanied by a nonrefundable fee in the amount of \$25.00, by certified check or money order made payable to Carlos Albizu University.
2. Official Transcripts must be mailed directly from **ALL** accredited institutions attended by the applicant to: **Carlos Albizu University, Admissions Office, 2173 NW 99th Avenue, Miami, Florida, 33172**. SAT or ACT scores are not required for Admissions consideration to the Undergraduate Programs.
3. A minimum grade point average (GPA) of 2.00 is required for applicants to the Undergraduate Program. Exceptions to this minimum GPA requirement may be granted on a case-by-case basis under the Challenge Project Criteria. Satisfaction of minimum admission requirements does not guarantee acceptance to the program. CAU reserves the right to reject any applicant.
4. The University reserves the right to request additional documentation as deemed necessary.
5. Application is considered active for one calendar year.
6. All documents received become property of Carlos Albizu University.

I understand that this application cannot be reviewed until all requested documents and credentials have been received by the Admissions Office, and that it is my responsibility to supply these expeditiously. If admitted, I agree to comply with the regulations of CAU and pay all required fees. I fully understand that my application and all supporting documents and credentials must be received by the Admissions Office no later than two weeks prior to the published date of registration for the academic session desired.

I hereby certify that the information provided in this application is true, complete, and accurate. The University has my full permission to verify any information provided in this application or any submitted document regarding my abilities, character, reputation, previous education, employment and any other relevant information. I hereby release all such parties from liability or damages caused by providing any information to Carlos Albizu University Miami Campus and/or its representatives.

False, misleading, inaccurate or incomplete information furnished by me on this application or any other institutional document, will be grounds for summary termination and will not be subject to appeal. I hereby certify acceptance and understanding of this agreement and voluntarily and knowingly sign this document on the date indicated below.

Carlos Albizu University provides reasonable academic accommodations to students with disabilities in compliance with all applicable laws. If you require special accommodations, you may contact the Office of Student Services upon academic admission to the University to arrange for any accommodations you may require and to submit appropriate documentation. This information is provided on a voluntary basis, will be kept confidential, will only be used in connection with the university's voluntary action efforts, and refusal to provide the information will not subject the applicant to any adverse treatment.

_____/_____/_____
Student Signature Date

School Representative Name (Print)

_____/_____/_____
School Representative Signature Date