



ADMISSIONS APPLICATION

VINCENNES UNIVERSITY CONTINUING STUDIES DISTANCE EDUCATION PROGRAM

Please Print

NOTE: Some of the requested information is needed for Federal Reports

Social Security No. _____ e-mail address: _____

Legal Name _____ Date: _____
last first middle maiden

Address _____
Street city state zip

Home Phone () _____ Birth Date: _____ Citizenship: US ____ Other _____

Employer _____
name of company street city state zip

Single ____ Married ____ Female ____ Male ____ Race _____ Daytime Phone _____

Major at VU _____ Major number _____ Advisor (to be assigned) _____

Parent/Guardian/Spouse _____

Last College attended _____ Dates attended _____ to _____

Last College attended _____ Dates attended _____ to _____

H.S. attended _____ Dates attended _____ to _____

H.S. Diploma Date _____ GED Certificate Date _____ Date last attended VU _____

Your application is not complete without the \$20 application fee, a completed application (including major and signature), and receipt of all official transcripts. In most cases, a response will be sent within 3 to 4 weeks.

Please Note: If you have a disability and will require special services, please send a letter outlining your needs to the Distance Education Office, Vincennes University, 1002 N. First St. Vincennes, IN 47591. Please contact us at least 60 days before you will require additional services.

Authorization and Certification

I certify all the information provided is correct and I understand any falsification is cause for immediate cancellation of registration at Vincennes University.

Applicant's signature _____ Date _____