

# APPLICATION FOR ADMISSION



A four-year, private college committed to the development of whole persons through scholarship, participation and service.  
McPherson College does not discriminate on the basis of race, religion, color, national origin, gender or physical or emotional disability.

**To be considered, your application must include the following:**

- Completed Application for Admission form
- Application Fee (\$25.00 for full-time students, \$10.00 for part-time students)
- Official copy of your High School transcript
- Official copy of all College and University transcripts
- ACT or SAT Report (McPherson College code: ACT 1440; SAT 6404)

**Mail to:**

Office of Admissions  
McPherson College  
1600 East Euclid Street  
P.O. Box 1402  
McPherson, KS 67460

(620) 242-0400  
(800) 365-7402  
Fax: (620) 241-8443  
E-mail: [admiss@mcpherson.edu](mailto:admiss@mcpherson.edu)  
Please visit us on the Web at:  
**[www.mcpherson.edu](http://www.mcpherson.edu)**

**PLEASE TYPE OR PRINT IN INK**

Name: \_\_\_\_\_  
*First Middle Maiden Last*

Name you prefer to use: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number/Street Route/Box/Apt. City State Zip*

Date of Birth: \_\_\_\_\_  Male  Female County of Residence: \_\_\_\_\_  
*mm/dd/yyyy*

HomePhone:(\_\_\_\_\_) \_\_\_\_\_ CellPhone:(\_\_\_\_\_) \_\_\_\_\_ SchoolPhone:(\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Military Service:  Yes  No Branch: \_\_\_\_\_

Are you a U.S. citizen:  Yes  No If no, are you a Permanent Resident:  Yes  No

Religious Preference: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated  Divorced Hometown Newspaper: \_\_\_\_\_

**Beginning Study in 20\_\_\_\_\_**  
 Fall  Interterm  Spring

**I expect to be a:**  
 Freshman  
 Transfer

**I plan to be:**  
 Full-time  
 Part-time

**HOUSING PLANS**

All full-time students must live on campus and participate in the college meal plan. Exceptions are those students with dependents who live with them, married students, or students who are at least 23 years of age on the official enrollment day for the academic year. Exemptions may be granted in cases where persons do not meet the criteria, but extenuating circumstances are proven to exist. Written requests for exemption to the residency requirement need to be made by way of a letter to the Dean of Students.

On Campus  Off Campus

**ETHNIC ORIGIN** (Optional)

(To comply with Title IV of the Civil Rights Act and Title 18 of the Educational Amendment of 1972)

- American Indian
- Asian/Pacific Islander
- Hispanic/Latino
- African American
- Caucasian
- Multi-Ethnic \_\_\_\_\_

**Name(s) and address(es) of your parent(s), legal guardian(s) or spouse:**

**Father/Guardian/Husband:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home Work*  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Alumni of McPherson College:  Yes  No

**Mother/Guardian/Wife:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home Work*  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Alumni of McPherson College:  Yes  No

**EDUCATIONAL HISTORY:** Please list all high schools and colleges/universities you have attended in chronological order. Attach additional sheet if needed.

I have (will have):  High school diploma  GED

School Name	City/State/Zip	Dates of Attendance	Cumulative GPA	Graduation Date	Degree

ACT Composite: \_\_\_\_\_ SAT Critical Reading: \_\_\_\_\_ SAT Math: \_\_\_\_\_ I will take the  ACT  SAT on \_\_\_\_\_

**Please indicate the major(s) or emphasis you are considering:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Art*<br><input type="checkbox"/> Graphic Design<br><input type="checkbox"/> Biochemistry<br><input type="checkbox"/> Biology*<br><input type="checkbox"/> Business Administration<br><input type="checkbox"/> Chemistry*<br><input type="checkbox"/> Communication<br><input type="checkbox"/> Education<br><input type="checkbox"/> Elementary Education<br><input type="checkbox"/> Secondary Education<br><input type="checkbox"/> Special Education | <input type="checkbox"/> English*<br><input type="checkbox"/> Environmental Stewardship<br><input type="checkbox"/> History*<br><input type="checkbox"/> Information Technology<br><input type="checkbox"/> Mathematics*<br><input type="checkbox"/> Music*<br><input type="checkbox"/> Philosophy & Religion<br><input type="checkbox"/> Physical Education & Health*<br><input type="checkbox"/> Psychology*<br><input type="checkbox"/> Sociology<br><input type="checkbox"/> Spanish*<br><input type="checkbox"/> Theatre* | <input type="checkbox"/> Technology*<br><input type="checkbox"/> Automotive Restoration Management<br><input type="checkbox"/> Automotive Communications<br><input type="checkbox"/> Automotive Restoration Design Technology<br><input type="checkbox"/> Historic Automotive Technology<br><input type="checkbox"/> Undecided<br><input type="checkbox"/> Interdisciplinary<br><br><small>*State licensure for secondary education available in these content areas.</small> | <b>PRE-PROFESSIONAL</b><br><input type="checkbox"/> Dentistry<br><input type="checkbox"/> Engineering<br><input type="checkbox"/> Law<br><input type="checkbox"/> Medicine/Osteopathy<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Physician Assistant<br><input type="checkbox"/> Optometry<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Veterinary Medicine |
|--|--|---|---|

**Please check any activities in which you want to participate at the college level:**

- |   |  |   |   |
|---|--|---|---|
| <b>ATHLETICS</b> (Intercollegiate)<br><input type="checkbox"/> Basketball<br><input type="checkbox"/> Cheerleading<br><input type="checkbox"/> Cross Country<br><input type="checkbox"/> Football<br><input type="checkbox"/> Soccer<br><input type="checkbox"/> Softball<br><input type="checkbox"/> Tennis<br><input type="checkbox"/> Track<br><input type="checkbox"/> Volleyball | <b>ATHLETICS</b> (Intramural)<br><input type="checkbox"/> Basketball<br><input type="checkbox"/> Football<br><input type="checkbox"/> Soccer<br><input type="checkbox"/> Softball<br><input type="checkbox"/> Volleyball | <b>ACTIVITIES</b><br><input type="checkbox"/> Academic Clubs<br><input type="checkbox"/> Cheerleading<br><input type="checkbox"/> Drama<br><input type="checkbox"/> Instrumental Music<br>Instrument: _____<br><input type="checkbox"/> Vocal Music<br><input type="checkbox"/> Sports Management/Sports Director | <input type="checkbox"/> Student Newspaper<br><input type="checkbox"/> Student Government<br><input type="checkbox"/> Church Activities<br><input type="checkbox"/> Volunteer Service<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|--|---|---|

How did you first learn of McPherson College? \_\_\_\_\_

Other colleges to which you are applying: \_\_\_\_\_

Please list any brothers or sisters still at home and their grade level this year in school: \_\_\_\_\_

Please list any friends or relatives who are attending or have attended McPherson College: \_\_\_\_\_

Have you applied to McPherson College before?  Yes  No      Have you attended McPherson College before?  Yes  No

I certify that the information herein is complete, factually accurate, and honestly completed. I further understand that my admission and subsequent registration may be cancelled if this information is found to be false or intentionally omitted. I authorize the College to use data in reports as may be necessary to assure opportunity for all students, principally with regard to federal and state programs of financial assistance. If I enroll at McPherson College, I agree to familiarize myself with all rules and regulations of the College and abide by them.

**RELEASE OF TRANSCRIPT:** I authorize McPherson College representatives to request my official transcripts from all institutions I have previously attended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_