

Capital University

Ask. Think. Lead.

Instructions

Thank you for applying to Capital University. This application is for admission as a first-year (freshman) or transfer, degree-seeking student and is to be returned to the Undergraduate Admission Office. First-year and transfer student applications may be submitted online from Capital's Web site: www.capital.edu. Different applications must be completed for non-degree students, adult students for Capital's Center for Lifelong Learning (CLL) and for international students (other than U.S. citizens). These applications can be requested from the appropriate office.

Admission Office Components

- **Application Fee: \$25**
(Apply free online at www.capital.edu.)
- **Counselor Information (for first-year students):**
Complete your section on the top of this form and give it to your high school counselor with a stamped, addressed envelope. Your counselor will send the completed form to Capital.
- **Transcripts:** Request that your *official* transcripts (both high school and all college and university) be sent to the Admission Office.
- **Testing Data:** Capital University requires either the ACT or the SAT be taken as part of the admission process for first-year students. Capital's code number for the **ACT is 3242** and for the **SAT is 1099**.
- Conservatory of Music applicants are required to audition for acceptance. Please contact the Admission Office for an audition application if you have not received one.

Financial Aid

- Apply for your personal identification number (PIN) online at www.pin.ed.gov.
- Complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. Designate Capital University as one of the colleges to receive your data. **The Title IV Institution Code for Capital is 003023**. This form should be submitted no later than Feb. 28.
- Your application for financial assistance will not influence the admission decision.

All correspondence should be addressed to:

Capital University
Admission Office
1 College and Main
Columbus, OH 43209-2394

admission@capital.edu
www.capital.edu
614-236-6101
Toll free: 1-866-544-6175
Fax: (614) 236-7947

Family Information

This information is for the general use of Capital University.

Father/Guardian: Mr. Dr. Rev. _____
Last First Middle

Address (if different from your address): _____
Number and Street City State ZIP

Father's/Guardian's Occupation: _____
Position/Title Employer/City and State

Mother/Guardian: Mrs. Ms. Dr. Rev. _____
Last First Middle

Address (if different from your address): _____
Number and Street City State ZIP

Mother's/Guardian's Occupation: _____
Position/Title Employer/City and State

Parents are: Married Divorced Single Separated Widowed

E-mail Address of Custodial Parent: _____ Relationship to You: _____

If not living with both parents, with whom do you make your permanent home? _____ Relationship to You: _____

If you are married, spouse's name: _____
Last First Middle

Spouse's Occupation: _____
Position/Title Employer/City and State

List relatives who are attending or have graduated from Capital University (Name [include maiden name, if applicable], Graduation Year, Relationship to You): _____

To which other colleges/universities do you plan to apply for admission? _____

Educational Information

List all the high schools and colleges/universities attended, beginning with the most recent, and include date(s) of graduation or anticipated date of graduation. For each school, please give the official College Examination Code (CEEB code). If additional space is needed, please use a separate sheet of paper.

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ CEEB Code: _____ Telephone: _____ Date of Graduation: _____

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ CEEB Code: _____ Telephone: _____ Date of Graduation: _____

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ CEEB Code: _____ Telephone: _____ Date of Graduation: _____

Have you ever been suspended or expelled from any high school or college/university? Yes No (If yes, please attach a statement of explanation.)

Have you ever been convicted or pleaded guilty to a felony? Yes No (If yes, please attach a statement of explanation.)

Have you been found responsible for any academic or other misconduct at any high school or college/university? Yes No

(If yes, please attach a statement of explanation.)

Personal Statement

If there has been a gap in your education or you would like to share additional information with the Admission Committee, please explain on a separate sheet of paper. Any additional information that you feel would be helpful in the review of your application would be welcomed by the university.

Certification

I affirm that the information provided in this application is true and complete. I understand that providing false information, or failing to provide material information, may be grounds for rejecting my application or for revocation of admission or enrollment. I authorize Capital to investigate all statements on this application and documents submitted in support of my application. I authorize any reference, including any schools, colleges or universities I have previously attended, to provide to Capital all academic and disciplinary information about me and I release them from all liability for providing such information. I authorize Capital University to obtain my test scores, including, but not limited to, any ACT or SAT scores directly from the appropriate testing agency.

Signature: _____ Date: _____

Capital University admits qualified students regardless of race, color, religion, gender, age, disability or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the university.

First-Year Applicants Only

Counselor Information

Complete this section and give this form and a stamped envelope addressed to **Capital University, Admission Office, 1 College and Main, Columbus, OH 43209-2394** to your guidance counselor. Please type or print.

Date: _____ Name: _____
Last First Middle (complete)

Address: _____
Street City State ZIP

Telephone: Home () _____ Cell () _____

ACT was taken on: _____ Date (month, day, year) SAT was taken on: _____ Date (month, day, year) ACT or SAT is scheduled for: _____ Date (month, day, year)

List courses to be completed in current year (if more than two terms, use separate sheet). Your courses and performances this year are considered in our final admission decision.

If you plan to have any college-level transfer credit, including PSEOP (State of Ohio Post-Secondary Enrollment Options Program) credit, please list colleges/universities attended and courses.

College/University	Course Department and Title
_____	_____
_____	_____

Please have your official high school transcripts sent to the Admission Office for an official credit evaluation.

I authorize the counselor to release all information regarding my academic and disciplinary records to Capital University.

Signature _____ Date _____

High School Counselor Section

Please attach an official transcript and include, if available, a school profile and transcript legend. We appreciate your assistance.

This student has a _____ G.P.A. on a _____ scale and ranks _____ in a class of _____ students. (If a precise rank is available, please indicate rank to the nearest tenth from the top.) The G.P.A. and rank (are, are not) weighted and cover a period from _____ to _____.
circle one (month/year) (month/year)

Are ACT and SAT scores reflected on the high school transcript? Yes No

Of this student's graduation class, _____ percent plan to attend a four-year college or university.

Has this student been suspended or expelled from high school? Yes No

This student is exempt from passing or has passed all sections of the Ohio Graduation Test (OGT) and is eligible to receive a high school diploma. Yes No

Signature _____ Date _____

Name (print): _____
First Middle Last

Position: _____ School: _____

School Address: _____
Street City State ZIP

Office Telephone: () _____ School CEEB/ACT Code: _____ Counselor E-mail Address: _____

Please check here if it would be advisable for Capital to call for further information.

Confidentiality

We value your comments highly and ask that you complete this form knowing that it will be retained in the student's file should he or she matriculate at Capital. You may want to make a copy for your records. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students have access to their permanent files. We do not provide access to admissions records to applicants who are rejected or who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation.

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Please return this form with official high school transcripts to:

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Undergraduate Majors

Accounting
Art
Art Education
Art Therapy
Athletic Training
Biochemistry
Biology
Business Undeclared
Chemistry (including A.C.S. certified)
Communication
Computer Science
Criminology
Economics
Economics/Political Science
Education

- Early Childhood
- Middle Childhood
- Adolescent to Young Adult
(choose one of the following areas)
 - Integrated Language Arts
 - Integrated Mathematics
 - Integrated Science
 - Integrated Social Studies
- Intervention Specialist
- Undeclared

Engineering (Dual Degree)

- Chemistry
- Computer Science
- Mathematics

English

- Creative Writing
- Literature
- Professional Writing

Environmental Science
Exercise Science
Financial Economics
French
Health and Fitness Management

Health Education
History
Interdisciplinary Studies
International Studies
Leadership and Management
Marketing
Mathematics
Music (Bachelor of Arts)
Music (Bachelor of Music)

- Composition
- Jazz Studies
- Keyboard Pedagogy
 - Church Music
 - Organ
 - Piano
- Music Education
 - Dual
 - Instrumental
 - Vocal
- Music Industry
- Music Industry Media
- Music Industry Merchandising
- Music Technology
- Music Undeclared
- Performance
 - Instrumental
 - Organ
 - Piano
 - Vocal
- Vocal – Music Theatre/Opera
Emphasis

Nursing
Organizational Communication
Philosophy
Physical Education
Political Science
Psychology
Public Administration

Public Relations
Radio-TV-Film
Religion

- Religion
- Worship Ministry
- Youth Ministry

Social Work
Sociology
Spanish
Theatre Studies
Undeclared

Pre-Professional Areas

Pre-Dentistry
Pre-Law
Pre-Medicine
Pre-Occupational Therapy
Pre-Optometry
Pre-Pharmacy
Pre-Physical Therapy
Pre-Physician Assistant
Pre-Podiatry
Pre-Public Health
Pre-Seminary
Pre-Veterinary Medicine

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