



The Education You Want. The Attention You Deserve.

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
admissions@capital.edu • www.capital.edu
(614) 236-6101 • 1-866-544-6175 • Fax: (614) 236-6926

Undergraduate Admission Application for First-Year (Freshman) and Transfer Students

PERSONAL INFORMATION

Please type or print.

Mr. ___ Ms. ___ Mrs. ___
Last First Middle (Complete) Preferred Name (Nickname)

Permanent Address: _____
Number and Street City State ZIP (If Ohio, list county)

Mailing Address: _____
Number and Street City State ZIP (If Ohio, list county)

If mailing address is different than permanent address, give inclusive dates: from _____ to _____

Telephone: Home () _____ Cell () _____ E-mail Address: _____

Marital Status: Single Divorced Separated Birth Place: _____
Married Widowed Are you a U.S. citizen? Yes No

Social Security Number: _____/_____/_____ If no, are you a permanent resident? Yes No
Birth Date* (optional): _____ If yes, alien registration # _____

*Through our financial aid process, your birth date will be necessary for verification of your FAFSA information.

Ethnic Origin (optional):
 African American, Non-Hispanic Asian or Pacific Islander Non-Resident Alien
 American Indian (Tribal registration # _____) Hispanic/Latino Other _____
 White, Non-Hispanic List ethnic origin.

Religious Preference (optional):
 Lutheran-ELCA Lutheran-LCMS Lutheran-Other Baptist Methodist United Church of Christ
If Lutheran, name of church _____ Episcopal Presbyterian Other
City/State of church _____ Greek Orthodox Protestant No religious preference
 Jewish Roman Catholic

ENROLLMENT PLANS

Application for enrollment in 20____ Fall (August) Spring (January) Summer I (May) Summer II (June)

I am applying as a: Traditional First-Year Freshman Transfer Student

I am applying for: College of Arts and Sciences _____ Conservatory of Music _____
Refer to list of majors. List major. If undecided, indicate "undeclared." List academic major. List primary instrument.

School of Education, Professional Studies and Social Work _____ School of Management (undergraduate business) _____
List major. List major.

School of Nursing

I am applying for: Full-time Part-time University Residence: On-campus resident Commuter living with parents/relatives

Have you submitted or will you submit the Free Application for Federal Student Aid (FAFSA)? Yes No
Have you ever applied for admission or been enrolled at Capital University? Yes No If yes, when? _____

ACTIVITIES

List ALL of your extracurricular activities and honors (examples: music, athletics, student government, community service, etc.). If additional space is needed, please use a separate sheet of paper.

Activity	Years of participation	Position held or honors won
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 canceling my 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.

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.

Counselor Information

FIRST-YEAR APPLICANTS ONLY

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

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

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

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: _____
Area Code Number

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.

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.

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Undergraduate Majors

College of Arts and Sciences

Art
Art Therapy
Biochemistry
Biology
Chemistry
Communication
Computer Science
Criminology
Economics
Engineering (Dual Degree)
 Chemistry
 Computer Science
 Mathematics
English
 Literature
 Professional Writing
Environmental Science
Fine Arts
French
History
International Studies
Mathematics
Organizational Communication
Philosophy
Political Science
Pre-Occupational Therapy
 (Dual Degree)
Pre-Professional
 Dentistry
 Law
 Medicine
 Optometry
 Pharmacy
 Physical Therapy
 Physician Assistant
 Seminary
 Veterinary Medicine
Psychology
Public Relations
Radio-Television-Film
Religion
Sociology
Spanish
Theatre Studies

Conservatory of Music

Composition
Jazz Studies
Keyboard Pedagogy
 Church Music, Organ, Piano)
Music Education
 (Vocal, Instrumental, Dual)
Music Industry
Music Media
Music Merchandising
Music Technology
Performance
 (Instrumental, Piano, Organ,
 Vocal including a Musical
 Theatre emphasis)

School of Education, Professional Studies and Social Work

Athletic Training
Education
Exercise Science
Health and Fitness Management
Professional Studies
Social Work

School of Management

Business
 Accounting
 Financial Economics
 Leadership and
 Management
 Marketing

School of Nursing

Bachelor of Science in Nursing

*If you are unsure about a particular major,
please indicate "Undeclared."*



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