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 degree completion students 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. Visit www.capital.edu/conservatory-admission. Review the audition requirement, complete the application and select a date for your audition.

Financial Aid

- Complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov after you do your taxes. Designate Capital University as one of the colleges to receive your data. **The Title IV Institution Code for Capital is 003023.**

- 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
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

Mailing Address:
Number and Street  City  State  ZIP

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

Legal Sex:  Female  Male  Gender Identity: __________________________

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

Emergency Contact  ___________________________________________  Relationship to you_____________________  Telephone ____________________

Marital Status:  Single  Divorced  Separated  Married  Widowed

Birthplace (City and State/Country): __________________________

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 Social Security Number and birth date will be necessary for verification of your FAFSA information.

Are you a veteran?  Yes  No

Are you planning to use your (or family members) veteran benefits to pay for your tuition?  Yes  No

Are you Hispanic or Latino?  Yes  No

Select One or More Races:  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

Religious Preference (optional):

☐ Lutheran-ELCA  ☐ Lutheran-LCMS  ☐ Lutheran-Other

If Lutheran, name of church __________________________

City/State of church __________________________

City/State of church __________________________

Enrollment Plans

Application for enrollment in 20  Fall (August)  Spring (January)  Summer

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

☐ I am unsure of my major

I would like to major in:  Refer to list of majors.

If music major, list instrument or voice: __________________________

I am applying for:  Full-time  Part-time

University Residence:  On-campus resident  Commuter living with parents*  ☐

* You must meet off-campus housing requirements.

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

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Years of participation</th>
<th>Position held or honors won</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>
Family Information

This information is for the general use of Capital University.

Father/Guardian: Mr. [ ] Dr. [ ] Rev. [ ]

Address (if different from your address):

Father/Guardian’s Occupation:

Mother/Guardian: Mrs. [ ] Ms. [ ] Dr. [ ] Rev. [ ]

Address (if different from your address):

Mother/Guardian’s Occupation:

Parents are: Married [ ] Divorced [ ] Single [ ] Separated [ ] Widowed [ ]

E-mail Address of Custodial Parent: [ ]

Position/Title

Employer/City and State

Position/Title

Employer/City and State

Number and Street

City

State

ZIP

Number and Street

City

State

ZIP

Relationship to You:

If not living with both parents, with whom do you make your permanent home?

If you are married, spouse’s name:

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):

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:

City:

State:

CEEB Code:

Telephone:

Date of Graduation:

Month

Year

Month

Year

Month

Year

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 in the last seven years? 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 – Do you certify the following?

I understand that once my application has been submitted it may NOT be altered in any way.

Capital University is committed to challenging students and creating a personalized learning environment that is free from prohibited discrimination and harassment. The University prohibits discrimination on the basis of race, color, religion, national and ethnic origin, sexual orientation, class, sex and gender, age, disability, veteran status, or any other characteristic protected by law, and admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students. Right to Know – Consumer Information is available at: http://www.capital.edu/About-Capital-Facts-and-Figures/Consumer-Information. Hard copy available upon request. Annual Security and Fire Safety Report, containing crime/fire statistics and relevant university policies, may be found at: http://www.capital.edu/security-reports. Hard copy available upon request.

I certify that all of the information submitted in the application is my own work, true and correct to the best of my knowledge. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false. I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based. In addition, I acknowledge that the University reserves the right to withdraw offers of admission if applicants fail to satisfy all requirements; if it is determined that admission was obtained through the use of falsified, altered, or embellished information; if there is a substantial drop off in academic performance; or if there is a change in disciplinary status after the time of application including engaging in behavior that is deemed incompatible with positive contributions to the campus environment (such as safety concerns, violence, threats, etc.). Finally, I understand the University may revoke my admission if it determines the I have engaged in the conduct that it deems unbecoming of an applicant or student, including conduct of a criminal nature, even if conduct does not result in a conviction.

Signature: ___________________________ Date: ___________________________
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

Telephone: Home ( )            Cell ( )

ACT was taken on: ___________________ SAT was taken on: ___________________

Date (month, day, year)     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.

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.

Please return this form with official high school transcripts to:

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

admission@capital.edu • www.capital.edu • 614-236-6101 • 1-866-544-6175 • Fax: 614-236-7947
DEPARTMENTS AND MAJORS

ART
Art Therapy
Studio Art**

BIOLOGICAL AND ENVIRONMENTAL SCIENCES
Biology*
Environmental Science

BUSINESS
Accounting
Business Management
Financial Economics
Marketing

CHEMISTRY
Biochemistry
Chemistry*
Chemistry* (A.C.S. Certified)
Chemical Engineering (Dual Degree)

COMMUNICATION
Communication Studies*
Electronic Media and Film
Organizational Communication
Public Relations
Theatre Studies

CONSERVATORY OF MUSIC
BACHELOR OF MUSIC
Music Education**
Dual
Instrumental
Vocal
Keyboard Pedagogy
Church
Organ
Piano
Music Industry
Music Technology
Performance
Jazz Studies
Composition
Instrumental
Organ
Piano
Voice
Voice (Opera/Music Theatre Emphasis)

BACHELOR OF ARTS
Music
Professional Studies (Music Technology Emphasis)

EDUCATION
Early Childhood Education
(Pre-K - Grade 3)
Middle Childhood Education
(Grades 4-9)
Adolescent to Young Adult Education
(Grades 7-12)
Intervention Education
(Grades K-12)
Multi-Age Education
(K - Grade 12)

ENGLISH
Creative Writing*
Literature*
Professional Writing/Journalism*

HEALTH AND SPORT SCIENCES
Athletic Training
Exercise Science
Health and Fitness Management

HISTORY
History*

MATHEMATICS AND COMPUTER SCIENCE
Computer Science
Computer Science – Engineering (Dual Degree)
Mathematics*
Mathematics – Engineering (Dual Degree)

NURSING
Nursing (Traditional BSN)

POLITICAL SCIENCE AND ECONOMICS
Economics
Economics/Political Science
International Studies
Political Science*

PROFESSIONAL STUDIES
Interdisciplinary Studies

PSYCHOLOGY
Psychology

RELIGION AND PHILOSOPHY
Philosophy
Religion
Worship Ministries
Youth Ministry and Christian Education

SOCIAL WORK
Social Work

SOCIOLOGY AND CRIMINOLOGY
Criminology
Sociology

WORLD LANGUAGES AND CULTURES
French
Spanish

PRE-PROFESSIONAL
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

*Major also offered with Adolescent to Young Adult (Grades 7-12) education licensure.
** Major also offered with Multi-Age Education (K through Grade 12) education licensure.
***In addition to the Pre-Law Specialization, we also offer the 3+3 Bachelor of Arts/Juris Doctor Program which is an accelerated joint degree program to set you on the fast track to a career in law. Offered in conjunction with Capital’s own law school.