



OFFICE OF CONTINUING AND PROFESSIONAL STUDIES
Application for Admission to Accelerated Degree Completion Program

- To apply for application to Philadelphia University's Accelerated Degree Completion Program, please:
1. Complete all information on this application and submit to the Office of Continuing and Professional Studies.
 2. Attach a personal statement (2-3 pages, double spaced) answering the following:
 - Describe your professional goals.
 - How will participation in Philadelphia University's accelerated degree program assist you in achieving these goals?
 - What skills will you bring to Philadelphia University's accelerated degree program?
 3. Submit a current resume as evidence of your professional experiences to the Office of Continuing and Professional Studies.
 4. Submit formal transcripts (sealed) from the accredited colleges/universities that you have previously attended and the high school from which you graduated to the Office of Continuing and Professional Studies.
 5. Contact the Office of Continuing and Professional Studies to schedule a pre-admissions interview.

If you have any questions, please contact The Office of Continuing and Professional Studies at 215.951.2900.

Only students interested in undergraduate evening programs should complete this form. Students interested in day study must apply through the Admissions Office. International citizens who hold visas (I-20) must also apply through the Admissions Office. The Admissions Office can be contacted by calling 215.951.2800.

CHECK ONLY ONE: New, first-time applicant Applying for readmission. (Semester last attended _____)

PERSONAL INFORMATION

NAME: _____ Male Female
LAST NAME FIRST NAME MIDDLE NAME/INITIAL

HOME ADDRESS: _____
STREET

CITY STATE ZIP COUNTRY

SOCIAL SECURITY NUMBER: _____ PHONE: (_____) _____
AREA CODE

EMAIL: _____ DATE OF BIRTH: _____
MM/DD/YYYY

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: (Choose one or more)
 White Black or African American Native Hawaiian or other Pacific Islander
 Asian American Indian or Alaska Native

SEMESTER YOU WILL BEGIN STUDIES: Sept. _____ (year) Nov. _____ (year) Jan. _____ (year)
 April _____ (year) June _____ (year)

PLEASE INDICATE YOUR INTENDED MAJOR

Bachelor of Science Degree in:

- | | |
|---|---|
| <input type="checkbox"/> Behavioral and Health Services | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Law Enforcement Leadership |
| <input type="checkbox"/> Health Services Management | <input type="checkbox"/> Leadership in Emergency Services |
| <input type="checkbox"/> Human Resources Management | <input type="checkbox"/> Organizational Leadership |
| | <input type="checkbox"/> Pre-MBA |

PREVIOUS EDUCATION

List below each educational institution you have attended, beginning with high school. Attach a separate sheet, if necessary. Continuing and Professional Studies should receive an official transcript from each institution.

HIGH SCHOOL	CITY, STATE, COUNTRY	YEAR OF GRADUATION OR DATE GED EARNED	
NAME OF INSTITUTION	CITY, STATE, COUNTRY	DATES ATTENDED	DEGREE EARNED
NAME OF INSTITUTION	CITY, STATE, COUNTRY	DATES ATTENDED	DEGREE EARNED
NAME OF INSTITUTION	CITY, STATE, COUNTRY	DATES ATTENDED	DEGREE EARNED
NAME OF INSTITUTION	CITY, STATE, COUNTRY	DATES ATTENDED	DEGREE EARNED

EMPLOYER INFORMATION

NAME OF EMPLOYER		
ADDRESS	CITY, STATE, ZIP	TELEPHONE NUMBER
EMAIL		

At which campus location do you expect to attend most of your classes? (check only one)

- Main Campus Bucks Campus

Do you require any special services due to a disability? Yes No

How did you learn of Philadelphia University and its evening program?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Received Information in the Mail | <input type="checkbox"/> Postcard | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Course Schedule | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> College Fair |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Community College Referral | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Live in area/drive by | <input type="checkbox"/> Radio Ad | (Please specify) |

Signature

Date

RETURN THIS FORM TO:
Office of Continuing and Professional Studies
Philadelphia University
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497
215.951.2900

Philadelphia University is an AA/EO institution.

OFFICE USE ONLY
Receipt# _____
Date _____
Initials _____

Philadelphia University's Security Report, required by the Jeanne Clery Campus Security Act and the Pennsylvania College and University Security Information Act, is available at <http://www.PhilaU.edu/security/cleryrpt.html>. The document contains information regarding campus security and personal safety, including topics such as: crime prevention, crime-reporting policies, crime statistics, disciplinary procedures, and other matters of importance related to security on campus. You can receive a paper copy of the report by contacting the Department of Safety and Security at 215.951.2620.