

ALUMNI REFERRAL APPLICATION

SAINT LOUIS UNIVERSITY

2004-2005

Alumni Referral (to be completed by alumnus/a)

Alumnus/a

First	Middle	Last	Maiden Name
Social Security Number		Year of Graduation	Degree
I hereby recommend _____ for admission to Saint Louis University.			
Signature of alumnus/a _____			

INSTRUCTIONS: For incoming, first-time freshmen who wish to be reviewed for merit-based scholarships, all materials, including the completed Alumni Referral Application, the second part of the Application for Admission and Scholarships, Secondary School Report Form and essay, must be postmarked by Dec. 1. By completing the Alumni Referral Application, the usual \$25 application fee will be waived. PLEASE PRINT OR TYPE.

PERSONAL DATA

Name

First	Middle	Last	Preferred Name
Social Security Number		Date of Birth (mm/dd/yyyy)	Salutation <input type="checkbox"/> Male <input type="checkbox"/> Female

Permanent Address

Street	City	State	Zip Code
()		E-Mail	
Country	Telephone		

Temporary Address (if different from permanent address)

Street	City	State	Zip Code
()			
Country	Telephone		

Mailing address and telephone are effective until (mm/dd/yyyy) _____

Are you a citizen of the United States?

Yes
 No Country of Citizenship _____ Country of Birth _____
Are you a permanent resident of the United States? Yes No

Ethnic Origin (optional)

American Indian/Alaskan Native Asian or Pacific Islander Black, Non-Hispanic
 Hispanic White, Non-Hispanic Other (Please specify) _____

Religious Preference (optional)

Roman Catholic Baptist Episcopalian Lutheran Methodist Presbyterian
 Other Protestant Christian Orthodox Jewish Muslim Other No preference

Have you ever served or are you serving on active duty with the U.S. armed forces? Yes No

EDUCATION

High School Data

High school from which you graduated or will graduate	City	State	Graduation Date: mm/yyyy
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Standardized Tests Please list the month and year you plan to take or have taken the ACT, SAT or GED.

American College Test (ACT) _____ mm/yyyy	Scholastic Assessment Test (SAT) _____ mm/yyyy
General Educational Development Test (GED) _____ mm/yyyy	

Advanced College Credit

Have you participated Saint Louis University's advanced college credit program (1818) while enrolled in high school? Yes No

Colleges Attended

Please list all colleges, professional, hospital and technical schools that you have attended or from which you have received academic credit (including course work taken during high school). If you need more room, please attach a separate sheet.

Name of School	Location (City and State)	Degree, Diploma or Major	Dates Attended	Approx. No. of Semester Hours	Approx. GPA on a 4.0 System

Have you ever been suspended or dismissed from any educational program or institution? Yes No
(If yes, please explain on a separate sheet of paper and attach it to this application.)

ENROLLMENT PLANS

In which college/school do you plan to enroll at Saint Louis University?

- Doisy School of Allied Health Professions
 Arts and Sciences
 John Cook School of Business
 Parks College of Engineering and Aviation
 Nursing
 Philosophy and Letters
 Public Service
 Social Service

If you are entering the College of Philosophy and Letters, please indicate your religious order or whether you are a diocesan seminarian. _____

What do you plan to study? (refer to list below) First Preference _____ Second Preference _____

<p>Doisy School of Allied Health Professions</p> <p>Still Deciding Clinical Laboratory Science (Medical Technology) Health Information Management Investigative & Medical Sciences Nuclear Medicine Technology Nutrition and Dietetics Occupational Science and Occupational Therapy † Physical Therapy *</p> <p>College of Arts and Sciences</p> <p>Still Deciding American Studies Art History Biology Chemistry Classical Humanities Communication Computer Science Criminal Justice Economics English Environmental Science French</p>	<p>Geology Geophysics German Studies Greek & Latin Languages & Literature History Interdisciplinary Contract International Studies Mathematics Meteorology Modern and Classical Languages Music Philosophy Physics Political Science Psychology Russian Studies Sociology Spanish Studio Art Theatre Theological Studies Women's Studies</p>	<p>John Cook School of Business</p> <p>Business Administration Accounting Comprehensive Business Economics Engineering Management Entrepreneurship Finance Human Resource Management International Business Management Management Information Systems Marketing</p> <p>Parks College of Engineering and Aviation</p> <p>Aerospace Engineering Aircraft Maintenance Engineering Technology †† Aircraft Maintenance Management †† Aviation Management (Aeronautical Administration) Aviation Science/Professional Pilot ††† Avionics Engineering</p>	<p>Biomedical Engineering Computer Science Electrical Engineering Engineering Physics Electrical Engineering</p> <p>School of Nursing</p> <p>Nursing **</p> <p>College of Philosophy and Letters</p> <p>Philosophy ***</p> <p>College of Public Service</p> <p>Communication Sciences and Disorders Educational Studies Early Childhood Elementary Middle Secondary Special Behavior Disorders Early Childhood Learning Disabilities Mental Handicaps Urban Affairs</p>	<p>School of Social Service</p> <p>Social Work</p> <p>* The physical therapy program is a five-and-a-half-year, direct-entry master's degree program. Students must apply by Dec. 1. ** Must indicate professional program code. ***For students who are entering the priesthood only. † The occupational science program is a five-year, direct-entry master's degree program. †† Students must possess an FAA airframe and powerplant certificate prior to enrollment. ††† Students are strongly recommended to apply by Dec. 1 for the aviation science/professional pilot program.</p>
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Do you intend to enroll in a professional program? (refer to list on the right) First Preference _____ Second Preference _____

Do you plan to enroll as an entering freshman at our campus in Madrid, Spain? Yes No

Will you want University housing? Yes No

Term and year you expect to enroll: Fall Spring Summer Year _____

How do you plan to attend? Full-Time Part-Time Non-Degree Seeking

Are you interested in ROTC? Air Force ROTC Army ROTC

If you plan to apply to other colleges/universities, please list them.

Are you planning to apply for financial aid? Yes No

ADDITIONAL INFORMATION

Which of the following were the most influential in your decision to apply to Saint Louis University?

(Assign a "1" to the most influential, a "2" to the second most influential, etc.)

- | | | | |
|---------------------------------------|-------------------------------|-------------------------------------|---|
| _____ SLU alumni (other than parents) | _____ SLU admission counselor | _____ Parents | _____ Advertising |
| _____ Friends | _____ Mailing | _____ SLU student | _____ Teacher |
| _____ SLU admission presentation | _____ Campus visit | _____ High school counselor/adviser | _____ College guide book (list title) _____ |

Please send completed application to: Saint Louis University, Office of Undergraduate Admission, 221 N. Grand Blvd., St. Louis, MO 63103.

PROFESSIONAL PROGRAMS

Engineering — in cooperation with other universities for careers as engineers.
Nursing (Choose one)

Basic Nursing Option.

Accelerated Nursing Option — one year program for students with bachelor's degrees.

Registered Nursing to Master's in Science of Nursing Option — for students with R.N. certificate.

Philosophy and Letters — for Catholic priesthood studies.

Pre-Law — with a liberal arts or business background for careers in the legal profession.

Pre-Dental — for dentistry, oral surgery and orthodontics.

Pre-Medical — for careers as doctors of medicine, osteopathy.

Pre-Optometry — for studies in optometry.

Pre-Podiatry — for studies in podiatry.

Pre-Veterinary — for studies in veterinary science.