McKendree University Application Information

First Year Students
1. Complete the application for admission.
2. Send completed application with an official high school or GED transcript to McKendree University c/o the Office of Admission, 701 College Road, Lebanon, IL 62254. If your ACT or SAT test records are not on your official transcript, please have them sent from the appropriate national testing office.
3. Submit at least one letter of recommendation.
4. If you have taken any dual or college credit courses and/or any AP tests, please have official post-secondary transcripts and/or test results sent to McKendree.

Transfer Students
1. Complete the application for admission.
2. Send completed application with official transcripts from all post-secondary institutions you have attended. Have transcripts sent to McKendree University c/o the Office of Admission, 701 College Road, Lebanon, IL 62254.
3. Send an official high school or GED transcript along with your ACT or SAT test records. If you have been out of high school for longer than five years, you will not need to submit this information.

International Students
1. Complete the application for admission.
2. Complete and submit the Supplemental Application for International Students. This application is needed for proper issuance of I-20 documents. This documentation can be found on the McKendree website.
3. Send completed application with official secondary or high school transcripts to McKendree University c/o the Office of Admission, 701 College Road, Lebanon, IL 62254. You can also fax this information to 618-537-6496. All transcripts must be translated to English. If your ACT or SAT and TOEFL test records are not on your official transcript, please have them sent from the appropriate national testing office.
4. Send official transcripts from all post-secondary institutions that you have attended to the Office of Admission.
5. Submit a bank statement. This document will verify that you have the financial ability to fund your education for one year. An amount equal to the cost of attendance, less any institutional aid awarded to the student, must be provided in the letter. This letter must be on official bank letterhead.
6. TB skin test or chest x-ray results.

Nursing Students
1. Complete the application for admission.
2. Send completed application with official transcripts from all post-secondary institutions you have attended. Have transcripts sent to McKendree University c/o the Office of Admission, 701 College Road, Lebanon, IL 62254.
3. In addition to submitting the information listed above, applicants must submit the following documentation:
   a. A copy of an active license as a registered nurse
   b. Current CPR certification
   c. Proof of immunizations against measles, mumps, rubella, and hepatitis B (influenza and DT vaccinations are recommended)
   d. TB skin test or chest x-ray results

AiM Program Students
1. Complete the application for admission.
2. Send completed application with official transcripts from all post-secondary institutions you have attended. Have transcripts sent to McKendree University c/o the Office of External Programs, 701 College Road, Lebanon, IL 62254.
3. Send official high school or GED transcript.
Application for Admission

Personal Information
Please provide information as it would appear on legal documentation

Student Name and other Personal Information

Last Name _______________________________ First Name _____________________________ MI ________
Preffered First Name ____________________ Previous Last Name (if any) __________________________

Male ☐    Female ☐    Date of Birth ____/____/______    Social Security Number _____ - ____ - ______

Address Information

Street Address ______________________________________________________________________________

City ______________________________ State ______________ Zip __________ Country _________________

E-Mail Address ___________________________ Home Telephone (_____) _____ - ______________

Cell Telephone (_____) _____ - ______________ Work Telephone (_____) _____ - ______________
For transfer, nursing and AiM students only

Shift Worked ___________________________ For transfer, nursing and AiM students only

Have you ever had a felony conviction? Yes ☐    No ☐

If yes, please explain: ______________________________________________________________________

Do you consent to a criminal history check? Yes ☐    No ☐

A conviction will not necessarily result in a denial of admission.
The federal government requires colleges and universities to report the residency/ethnicity/race background of our students. To ensure our data is as accurate as possible, we are asking that you complete the following section. Please note, you are not required to provide this information.

Are you a U.S. citizen: Yes ☐ No ☐

If no, describe your status:

☐ Nonresident alien - A person who is not a citizen or national of the United States and who is in the country on a visa or temporary basis and does not have the right to remain indefinitely.

☐ Resident alien (and other eligible non-citizens) - A person who is not a citizen or national of the United States but who has been admitted as a legal immigrant for the purpose of obtaining permanent resident alien status (and who holds either an alien registration card (Form I-551 or I-151), a Temporary Resident Card (Form I-688), or an Arrival-Departure Record (Form I-94) with a notation that conveys legal immigrant status as Section 207 Refugee, Section 208 Asylee, Conditional Entrant Parolee or Cuban-Haitian).

Are you Hispanic or Latino? Yes ☐ No ☐

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? check all that apply

☐ American Indian or Alaska Native
A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐ Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American
A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Religious background/denomination: ________________________________
Enrollment Information

Application Information

I am applying for the:  
- Spring 2015 Term ☐  
- Summer 2015 Term ☐  
- Fall 2015 Term ☐  
- Spring 2016 Term ☐

I am applying as a(n):  
- First Year Student ☐  
- Transfer Student ☐  
- Nursing Student ☐  
- AiM Student ☐  
- International ☐  
- International First Year ☐  
- International Transfer ☐

I will be a:  
- Full Time Student ☐  
- Part Time Student ☐

What is your anticipated major? ________________________________

Do you plan to live in campus housing? Yes ☐  No ☐

Have you visited campus? Yes ☐  No ☐

Have you attended McKendree in the past? Yes ☐  No ☐

If yes, please provide dates attended ______________

Do you plan to file the FAFSA? Yes ☐  No ☐

Please list any activities, including athletics, that you anticipate participating in while at student at McKendree

_________________________________________________________________________________________________

Please list any other colleges or universities that you considering

_________________________________________________________________________________________________

Additional Information – Nursing Applicants Only

Are you currently a registered nurse? Yes ☐  No ☐

If not, are you or will you be board eligible? Yes ☐  No ☐

If yes, state date of eligibility ______________

List all states in which you hold a valid nursing license _____________________________________________________

Which of the following nursing centers are you interested in attending?

Check all that apply

- Alton/Godfrey – Lewis and Clark ☐
- Centralia – Kaskaskia College ☐
- Lebanon (main campus) ☐
- Paducah ☐
- Belleville ☐
- Fairfield – Frontier College ☐
- Marion ☐
- Carterville – John A. Logan ☐
- Ina – Rend Lake College ☐
- Olney ☐

Additional Information – AiM Applicants Only

McKendree AiM Program is for students with local commitments that prevent them from attending classes on the main campus in Lebanon, IL. For this reason, admission is normally limited to applicants that are at least 24 years of age.

Which of the following centers are you interested in attending?

Check all that apply

- Flora ☐
- Centralia ☐
- Joliet ☐
- Mt. Vernon ☐
- Olney ☐
- Mt. Carmel ☐
- Red Bud ☐
- Carterville ☐
Educational Background

High School Information
*Please list your current/most recent high school*

High School ____________________________ City __________________________ State ________

Dates attend ________ to ________ Graduation Date ________ OR Date GED obtained ________

High School GPA _____ on a scale of _____ Rank in class _____ out of _____

Surname at time of attendance __________________________

*Please list any other high schools you may have attended*

High School ____________________________ City __________________________ State ________

Dates attend ________ to ________

High School ____________________________ City __________________________ State ________

Dates attend ________ to ________

High School ____________________________ City __________________________ State ________

Dates attend ________ to ________

Please list your senior year courses (first year students only)

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Are you currently enrolled in any dual credit or AP courses?  Yes ☐ No ☐

Test Information

Composite ACT score _____ SAT Verbal _____ SAT Math _____ SAT Writing _____

Previous Colleges/Universities
*Please list any colleges/universities that you have previously attended or are currently attending*

Transfer, AiM, and Nursing Students only

College/University ____________________________ City __________________________ State ________

Dates attend ________ to ________ Surname at time of attendance __________________________

College/University ____________________________ City __________________________ State ________

Dates attend ________ to ________ Surname at time of attendance __________________________

College/University ____________________________ City __________________________ State ________
Dates attend ________ to ________  Surname at time of attendance________________________________________

College/University ________________________ City __________________ State___________

Dates attend ________ to ________  Surname at time of attendance________________________________________

College/University ________________________ City __________________ State___________

Dates attend ________ to ________  Surname at time of attendance________________________________________

Please list courses you are taking or plan to take this year.

____________________________________________________________________________________________

**Family Information**

**Parent Information**

*For students under the age of 24*

Fathers Name ______________________________________ Address (if different) _____________________________

City __________________ State ___________ Zip __________ Country __________________________

E-Mail Address ___________________________________ Home Telephone (____) _____ - ____________

Cell Telephone (____) _____ - ____________ Occupation _____________________________________________

Mother’s Name ____________________________________ Address (if different) _____________________________

City __________________ State ___________ Zip __________ Country __________________________

E-Mail Address ___________________________________ Home Telephone (____) _____ - ____________

Cell Telephone (____) _____ - ____________ Occupation _____________________________________________

Have either of your parents completed a four-year degree? ☐ Yes ☐ No

**Sibling Information**

*For students under the age of 24*

Sibling Name ________________________________ Age _____ School ________________________________

Sibling Name ________________________________ Age _____ School ________________________________

Sibling Name ________________________________ Age _____ School ________________________________

Sibling Name ________________________________ Age _____ School ________________________________

Sibling Name ________________________________ Age _____ School ________________________________

Sibling Name ________________________________ Age _____ School ________________________________
McKendree Relatives
Please list any McKendree relatives you may have, date of graduation, and relationship to you

__________________________________________________________________________________________________
__________________________________________________________________________________________________

Personal Statement

In your own words, please share with us your interest in McKendree University. What is it about McKendree that you find particularly appealing? In what ways do you anticipate contributing to the life of the college?

*Attach additional sheet if necessary.*

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Is there any additional information you wish to share with the admission committee relative to your academic performance or personal circumstances? If so, please provide here.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Applicant’s Affidavit

I certify that the information I have given on this application is complete and correct to the best of my knowledge, and that I have attended no other institutions than those listed. I understand that it is my responsibility to forward all official school records and other application materials to McKendree University. These documents will become the property of McKendree University and shall not be returned to me or duplicated for any reason. I also understand that my admission to McKendree University is subject to verification of all official records and that my admission may be rescinded should said records be materially different from other documentation on file.

Date __________________ Signature ____________________________________________