

CAMPBELL

UNIVERSITY

EXTENDED CAMPUS APPLICATION FOR ADMISSION

I hereby apply for undergraduate admission to Campbell University beginning:

Fall I Fall II Spring I Spring II Summer

Name: _____
Last First Middle

Social Security No: _____ Maiden Name: _____

Local Address: _____
Street/Box
City State Zip County: _____

State of Legal Residence: _____ How Long? _____ E-Mail: _____

Permanent Address: _____
Street/Box City State Zip

Cell # () _____ Home # () _____ Work # () _____

Marital Status: Single Married Divorced Widowed Gender: Female Male

Date of Birth: _____ Race: _____

Place of Birth: _____ Religion: _____

Are you a US Citizen? Yes No Native Country: _____

If no, are you a Permanent Resident? Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please detail circumstances on a separate sheet.

Do you plan to apply for Federal Financial Aid?

Yes No

Are you an active duty family member? Yes No

Do you plan to use Veterans Education

Benefits? Yes No

FILL OUT BELOW ONLY IF ACTIVE DUTY

Are you currently on active duty? Yes No Guard/Reserve? Yes No

Select Branch of Military: Army Air Force Marine Corps Navy Coast Guard

Rank: ENL NCO OFF WO Grade: 1 2 3 4 5 6 7 8 9

MOS/NER: _____ ETS/EAS Date: _____

