Submit a free online application at:
www.aquinas.edu/continuing

AQUINAS COLLEGE
Makes all the difference in the world.

1607 Robinson Road, S.E.
Grand Rapids, Michigan 49506-1799

AQUINAS FOR ADULTS

CONTINUING EDUCATION
APPLICATION
FOR
ADMISSION

(No Fee Required)

(800) 678-9593
(616) 632-2866
www.aquinas.edu/continuing
aqadult@aquinas.edu

MISSION STATEMENT
Aquinas College, an inclusive educational community rooted in the Catholic and Dominican traditions, provides a liberal arts education with a global perspective, emphasizes career preparation focused on leadership and service to others, and fosters a commitment to lifelong learning dedicated to the pursuit of truth and the common good.
Application for Continuing Education (No Fee Required)  

Last Name _____________________________  First Name _____________________________
Middle Name ___________________________  Maiden/Birth Name ___________________________
Any other former name(s) _____________________________
Any other former name(s) _____________________________
Address _____________________________  City __________________________ State ______  Zip ______
Home Phone _____________________________  Work Phone _____________________________  Cell Phone _____________________________
E-Mail _____________________________  Social Security Number _____________________________  Birth Date* _____________________________
Religious Affiliation* _____________________________  Gender*  □ Male  □ Female

Have you applied for admission to Aquinas previously?  □ Yes – Date_________________  □ No
What other colleges do you plan to apply to? _____________________________
When do you wish to enroll?  □ Fall 20___ (1st Semester)  □ Spring 20___ (2nd Semester)  □ Summer 20___

RACE/ETHNICITY*

Are you Hispanic/Latino or of Spanish origin?  □ Yes  □ No
From the following five racial groups, please select one or more races to describe your origins:
□ American Indian/Alaska Native  □ Asian  □ Black or African-American
□ Hawaiian/Pacific Islander  □ White

MARRITAL STATUS*

□ Married  □ Single  □ Divorced  □ Widowed

MILITARY SERVICE*

Are you a veteran of the U.S. Armed Forces?  □ Yes  □ No  If yes, which branch? _____________________________
Dates of service: _____________________________
Are you eligible for veteran educational benefits?  □ Yes  □ No
As a veteran, why are you applying to Aquinas College? _____________________________

ARE THERE ANY SPECIAL CIRCUMSTANCES CONNECTED WITH YOUR PAST ACADEMIC PERFORMANCE
(learning/physical disability, family background or illness) THAT WE SHOULD CONSIDER?*  □ Yes  □ No

If YES, provide or attach a written statement that outlines any unique circumstances that resulted in poor performance in previous academic work

*This information is important for Federal data requirements for the College.
Your identity will remain anonymous. You are not required to give us this information.
EDUCATIONAL OBJECTIVES
Please indicate your educational objective at Aquinas College:

□ Associate Degree
□ Teacher Certification & Bachelor Degree
□ Bachelor Degree
□ Teacher Certification Only – Undergraduate (I already have a bachelor’s degree)
□ Additional Bachelor Degree
□ Certificate Program
□ Non-Degree Seeking (Please Explain) ____________________________________________________________

Intended major, if known __________________________________ (Education is not a major)

If you are interested in nursing, please fill out the nursing application.

EMPLOYMENT INFORMATION
Employer ____________________________________________ Position ____________________________________________

FINANCIAL AID
Have you or will you submit an application for financial aid? □ Yes □ No

Students must complete the FAFSA to determine aid eligibility. Call our
Financial Aid Office at (616) 632-2893 for details or visit the web www.fafsa.gov/

The Title IV code for Aquinas is 002239.

Financial aid cannot be awarded until a positive admissions decision has been made.

NOTE: Students who apply for financial aid before March 1 receive priority consideration.

For scholarship information, visit www.aquinas.edu/financialaid/ce_grad

CITIZENSHIP/RESIDENCE
Are you a U.S. Citizen? □ Yes □ No

If no, which country? ________________________________________________________________

If you are not a U.S. Citizen, are you a

□ Lawful permanent resident (green card holder)
□ Non-resident alien (neither a permanent resident nor U.S. Citizen)
□ International student seeking student visa

If you are a permanent resident of Michigan, how long have you been a resident?

Number of Years ______

Intended major, if known __________________________________ (Education is not a major)

Do you plan to teach at either the elementary or secondary level after graduation? (If yes, check intended level)

□ Elementary □ Secondary

Will you be a full-time student (i.e., enrolled for 12 hours per semester or 6 hours per quadmester)?

□ Yes □ No
HIGH SCHOOL
High School(s) Attended ___________________________________ City and State ____________________________________
Date of Graduation __________________ Type of School □ Public □ Independent □ Parochial
Type of Diploma (Regular or G.E.D.) ________________________________________________________________

COLLEGE/UNIVERSITIES
Please list any college/university you have attended. Under credit, indicate the number of semester hours you have earned at the college level. Estimate the number if you do not know the exact amount. (If you have attended more than three colleges/universities, please write the information on the back page of this application).

College/University ________________________________________ City and State ____________________________________
Dates Attended ___________________________________________ Degree ___________________________________________
Major ___________________________________________________ Number of Credit Hours ___________________________

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Major ___________________________________________________ Number of Credit Hours ___________________________

College/University ________________________________________ City and State ____________________________________
Dates Attended ___________________________________________ Degree ___________________________________________
Major ___________________________________________________ Number of Credit Hours ___________________________

Have official transcripts from your high school and all colleges/universities you have attended sent directly and as soon as possible to:
Aquinas College
Registrar/Academic Advising Center
1607 Robinson Road, S.E.
Grand Rapids, MI 49506-1799

Have you ever been placed on probation, suspended or dismissed from any college or university? □ No □ Yes, explain:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

HOW DID YOU FIRST LEARN OF AQUINAS COLLEGE?
What factors were important in influencing your decision to apply for admission to Aquinas?
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

If you were referred to Aquinas by someone, please print their name here. _____________________________________
□ Friend □ Relative □ Teacher □ Employer □ Church □ Other ____________________________________________
Explain fully and clearly your personal and professional goals and how you intend to attain those goals at Aquinas College.

_________________________________________________________________________________________________________
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If you feel your previous academic work may not accurately reflect your true potential as a student, please give us any additional information which you believe could help in evaluating your application for admission (e.g. family background, illness, special needs, etc.). Use a separate sheet of paper if necessary.

_________________________________________________________________________________________________________
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IMPORTANT
I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND IF ADMITTED, I AGREE TO OBSERVE ALL THE RULES AND REGULATIONS OF AQUINAS COLLEGE

Signature ___________________________ Date _____________________

Mail completed application to the following address:  
Aquinas College  
Registrar/Academic Advising Center  
1607 Robinson Road, S.E.  
Grand Rapids, MI 49506-1799
For Office Use Only

Student ID Number ____________________

**Conditions of Admission:**
- □ Accepted
- □ Pending - Transcripts
- □ Pending - Placement Testing
- □ Rejected

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