

Holistic Health Studies Application for Admission

Please type or print.

NAME

_____ Last First Middle Maiden/Previous

PERMANENT ADDRESS: _____
Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

E-MAIL: _____

TEMPORARY ADDRESS — if different from permanent address above. Valid until _____ / _____ / _____
Month Day Year

_____ Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY # _____
Month Day Year

GENDER: Female Male

CHECK ONE BOX ONLY: U.S. citizen or permanent resident U.S. visa holder (type) _____
 Other (specify country and citizenship status) _____

ENGLISH IS MY NATIVE LANGUAGE Yes No If "no", what is your native language _____

FOR WHICH TERM ARE YOU APPLYING? Fall 20_____

FOR WHICH PROGRAM OPTION ARE YOU APPLYING?

- Degree
- Certificate

PREVIOUS EDUCATION INFORMATION: List all post-secondary institutions you have attended — colleges and universities (undergraduate and graduate), professional and vocational schools, regardless of the number of credits earned. An official transcript from each institution is required, even if courses are recorded on another transcript. Submit a separate additional sheet if necessary.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM / TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

SUPPORTING COURSEWORK (may be completed during the first year of the program):

Course title	Institution	Term/Year	Credits	Grade
Anatomy & Physiology	_____	_____	_____	_____
Psychology	_____	_____	_____	_____

RECOMMENDATIONS: List your references. These people should have knowledge of your professional and/or academic competence. They should not be relatives or social acquaintances.

Name	Title	Organization/Institution

The following information is optional and is requested for use on federal and state reports, as well as institutional research. It is not used to determine one's eligibility for admission, nor will it be used in any type of discriminatory manner.

Are you Hispanic or Latino? Yes No

Please check all that apply: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Religious preference: _____

You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from St. Catherine University. By signing this application, I agree to abide by the policies and regulations of St. Catherine University.

Signature _____ Date _____

St. Catherine University admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the University.

It is the applicant's responsibility to ensure that her or his application file is completed by the application priority deadline of **July 1**. Applications received after the deadline will be reviewed on a space-available basis. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

Submit all materials to: St. Catherine University, Office of Graduate Admission, Mail 4027
2004 Randolph Avenue, St. Paul, MN 55105