



# APPLICATION FOR POST BACCALAUREATE ADMISSION

Toll Free: 1.800.597.2687

Local: 865.981.8092

Maryville, Tennessee 37804-5907

maryvillecollege.edu

Complete the admission application and return to the Office of Admissions, Maryville College, Maryville, TN 37804-5907.  
Send an official transcript from any high school or college attended.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle/Maiden Preferred

Address \_\_\_\_\_  
Street County Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City State Zip Code Home Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Please check the appropriate space: ☐ Male ☐ Female ☐ Single ☐ Married Veteran? ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No If no, Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Religious Affiliation/Denomination \_\_\_\_\_ Home Church \_\_\_\_\_ PCUSA? ☐ Yes ☐ No

Are you Hispanic? ☐ Yes, Hispanic or Latino (including Spain) ☐ No

Regardless of your answer to the prior question, please select one or more of the following that best describes you:

- ☐ American Indian/Alaskan Native (including all original Peoples of the Americas)  
Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number \_\_\_\_\_
- ☐ Asian (including Indian Subcontinent & Philippines) ☐ Black/African American (including Africa & Caribbean)
- ☐ Native Hawaiian/Other Pacific Islander ☐ White (including Middle Eastern)

## APPLICATION INFORMATION

When do you plan to enroll? Fall 20 \_\_\_\_ January Term 20 \_\_\_\_ Spring 20 \_\_\_\_ Summer 20 \_\_\_\_

Do you plan to work toward a degree from Maryville College? ☐ Yes ☐ No

Do you wish this work to be taken for credit? ☐ Yes ☐ No Audit? ☐ Yes ☐ No

Course(s) in which you intend to enroll? \_\_\_\_\_

## EDUCATIONAL INFORMATION

List all colleges at which you have taken or are taking courses for credit and list names of courses. Please have a transcript sent from each institution as soon as the course is completed. If you need additional space, please attach a separate piece of paper.

Name of School	City/State	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Every statement herein is correct to the best of my knowledge. I realize that misrepresentation of any statement may result in denial of admission or subsequent dismissal and forfeiture of all fees paid to Maryville College. I understand the applicant is responsible for presenting all materials to the Office of Admissions, Maryville College, Maryville, TN 37804-5907.

I hereby authorize the release of my transcript(s) by the high school and/or colleges listed above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Maryville College does not discriminate on the basis of race, color, gender, ethnic or national origin, religion, sexual orientation, age, disability, or political beliefs in its admission procedures and educational programs. At Maryville College we respect your privacy. Any information you provide to us will be used solely for admissions purposes.

In response to the Student Right-to-Know Act, information regarding campus security as well as graduation and persistence rates may be obtained by contacting the Office of Admissions, Maryville College, Maryville, TN 37804-5907.