

**PLEASE CHECK YOUR DESIRED ADMISSION PLAN:**

- Early Decision - Application deadline is November 1; notification no later than December 1
- Early Action - Application deadline is November 15; notification no later than December 15
- Regular Admission - Begins December 15; notification as soon as possible after all materials are received

Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Preferred name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ County Residence \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Prefer Not to Say

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. (Optional) \_\_\_\_-\_\_\_\_-\_\_\_\_

Citizenship:  US Citizen  US Permanent Resident; Citizen of \_\_\_\_\_

Other Citizenship Country \_\_\_\_\_ Visa Type \_\_\_\_\_

**ETHNICITY** (optional)

- American Indian or Alaska Native  Asian  Black or African American  Hawaiian or Other Pacific Islander
- Hispanic or Latino  White  Other  Prefer Not to Say

**FAMILY**

Name of father/guardian \_\_\_\_\_ Name of mother/guardian \_\_\_\_\_

Please list address (if different than above) for father, mother or guardian

Street \_\_\_\_\_ Street \_\_\_\_\_

City, state, zip \_\_\_\_\_ City, state, zip \_\_\_\_\_

What is the education level of your father/guardian and mother/guardian? \_\_\_\_\_

Relatives who have graduated from Westminster College or are currently attending:

\_\_\_\_\_ Year/Class \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Year/Class \_\_\_\_\_ Relationship \_\_\_\_\_

**EDUCATIONAL INFORMATION**

High School you attend/graduated \_\_\_\_\_ Graduation year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I grant my high school permission to release my transcript to Westminster College, PA.

Please list below any colleges or universities you have attended. Transcripts from each of these institutions must be sent directly from the institution concerned. No evaluation will be made until these transcripts are received. This must be done whether or not you desire advanced standing for such work.

Name of college	Location (City, state)	Degree candidate?	Dates attended
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\_\_\_\_\_

\_\_\_\_\_

**SAT** test scores EBRW \_\_\_\_\_ M \_\_\_\_\_ Date taken \_\_\_\_\_ Do you plan to retake? \_\_\_\_\_ Date \_\_\_\_\_

**ACT** test score Composite \_\_\_\_\_ Date taken \_\_\_\_\_ Do you plan to retake? \_\_\_\_\_ Date \_\_\_\_\_

**INTENDED MAJOR**

Please indicate your probable major field of study if you have a preference at this time. If undecided, please indicate.

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_  Undecided

MAJORS		
ACCOUNTING	HUMAN RESOURCES MANAGEMENT	SOCIOLOGY
BIOCHEMISTRY	INTERNATIONAL BUSINESS	SPANISH
BIOLOGY	INTERNATIONAL STUDIES	SPORTS MANAGEMENT
BROADCASTING & MEDIA PRODUCTION	MARKETING & PROFESSIONAL SALES	THEATRE
BUSINESS ADMINISTRATION	MATERIALS SCIENCE	UNDECIDED
CHEMISTRY	MATHEMATICS	<b>PRE-PROFESSIONAL PROGRAMS</b>
CHILD & FAMILY STUDIES	MOLECULAR BIOLOGY	ENGINEERING
COMMUNICATION STUDIES	MULTIMEDIA JOURNALISM	DENTISTRY
COMPUTER INFORMATION SYSTEMS	MUSIC	HEALTH
COMPUTER SCIENCE	MUSIC EDUCATION	MEDICINE
CRIMINAL JUSTICE STUDIES	MUSIC PERFORMANCE	OPTOMETRY
EDUCATION	NEUROSCIENCE	PHYSICAL THERAPY
ENGINEERING PHYSICS	NURSING	PHYSICIAN ASSISTANT
ENGLISH	PHILOSOPHY	PODIATRY
ENVIRONMENTAL SCIENCE	PHYSICS	VETERINARY MEDICINE
ENVIRONMENTAL STUDIES	POLITICAL SCIENCE	LAW
FINANCIAL ECONOMICS	PSYCHOLOGY	MINISTRY
FINE ART	PUBLIC RELATIONS	MUSIC THERAPY
HISTORY	RELIGION	OCCUPATIONAL THERAPY

**YOUR PERSONAL STATEMENT OR WRITING SAMPLE**

On a separate sheet of paper, please include a personal statement or writing sample (250-500 words) with your application. It could be a paper you have already written for one of your classes or something new on a topic of your choice.

**EXTRACURRICULAR ACTIVITIES**

	NO. OF YEARS YOU PARTICIPATED	POSITION OR EVENT/SPECIAL RECOGNITION	DO YOU PLAN TO PARTICIPATE IN COLLEGE?
1. _____			
2. _____			
3. _____			
4. _____			

Have you ever been convicted of any criminal offense other than minor traffic violations?  Yes  No

Please provide a full explanation: \_\_\_\_\_  
 \_\_\_\_\_

**FINAL STEPS**

I declare the information provided by me is accurate to the best of my knowledge.

Signature of applicant (Required) \_\_\_\_\_ Date \_\_\_\_\_

**DON'T FORGET TO**

1. Complete all parts of the application form.
2. Send application to the Office of Admissions with the \$35 non-refundable application fee.
3. Send an official transcript of your work from all secondary schools and/or colleges you have attended. These transcripts must be sent directly from the institutions concerned.
4. SAT or ACT examinations are required. Have the results of these examinations sent to the Admissions Office.
5. Send two letters of recommendation.

**MAIL ALL ADMISSION MATERIALS TO:**

OFFICE OF ADMISSIONS  
 WESTMINSTER COLLEGE  
 319 S. MARKET ST.  
 NEW WILMINGTON, PA 16172-0001

*Westminster College does not discriminate, and will not tolerate discrimination, on the basis of race, color, national origin, ethnic origin, sex, sexual orientation, age, or handicap or disability as those terms are defined under applicable law, in the administration of any of its educational programs, activities, or with respect to admissions and employment. In its employment practices, the College may consider the individual's support of the philosophy and purposes of Westminster as stated in the Undergraduate Catalog. Otherwise, Westminster does not discriminate, and will not tolerate discrimination, on the basis of religion or creed. Inquiries may be directed to the Equal Opportunity Officer, Westminster College, New Wilmington, PA 16172 0001, (724) 946-7247. Westminster College is related to the Presbyterian Church (U.S.A.) through the Synod of the Trinity.*