



Academic • Spiritual • Physical

Office of Admissions

1658 Kings Road, Jacksonville, Florida 32209

Phone: 904-470-8200; Toll-Free: 888-898-3191; Fax: 904-470-8048

Email: admissions@ewc.edu Website: www.ewc.edu

APPLICATION FOR UNDERGRADUATE ADMISSION

Please print in ink or type your responses.

Enrollment Type: [] First-Time Freshmen [] Transfer [] Re-Admit [] Post Baccalaureate [] Transient

Proposed Enrollment Term and Year: Fall 20____ Spring 20____ Summer 20____

Enrollment Status: [] Full-time [] Part-time Are you a first-generation college student? [] Yes [] No

Housing Status: [] On-Campus Student [] Off-Campus Student

PERSONAL INFORMATION: *Required Information

*Social Security #: ____-____-____ *Date of Birth: ____/____/____ *Gender: [] Male [] Female

*Name: _____
First Middle Last Suffix

*Permanent mailing address:

Street Address/P.O. Box Apt# City State Zip Code

Mailing address (If different from permanent address):

Street Address/P.O. Box Apt# City State Zip Code

Home Phone: (____)____-____ Mobile Phone: (____)____-____

Email Address: _____

Are you a U.S. citizen? [] Yes [] No (If no, please indicate citizenship status):
[] Dual U.S. Citizen, please specify _____
[] Resident Alien, Registration # _____
[] Other, please specify _____

Resident of Florida: [] Yes [] No If a resident, what is the number of years in Florida _____

County in which you reside in: _____ Place of birth: _____

Ethnicity: [] African American [] Caucasian [] Hispanic [] American Indian [] Asian/Pacific Island
[] Other

Are you a veteran? [] Yes [] No Dependent of a veteran? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No (If yes, please explain _____)

Continue on the back

Edward Waters College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS)

FAMILY INFORMATION:

Emergency Contact Person: _____

Relationship (Spouse, Parent, Guardian, Sibling, etc.): _____

Home Phone: (____)____-____ Mobile Phone: (____)____-____

Street Address (If different from yours): _____
Street Address/P.O. Box City State Zip Code

ACADEMIC INFORMATION:

High School/College Attended:

Full Name of School	City, State	Dates Attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Graduation Date: _____

Have you earned a GED? Yes No

If yes, name of issuing agency: _____ Date Issued: _____

ANTICIPATED MAJOR

- Biology Business Administration Criminal Justice Elementary Education
 Mass Communications Mathematics Music Psychology

Areas of concentration

- Accounting Business Management Computer Information Systems International Finance & Global Trade
 Biomedical Biotechnology/Cellular Biology Environmental/Ecology Biology
 Emergency Management Services Forensic Science 3 + 3 Law program 3 + 1 Police Academy
 Engineering Vocal (Music) Performance (Music) Early Childhood Education Exceptional Student Education

Please check area(s) of interest:

___ Choir ___ Band ___ Baseball ___ Basketball ___ Cheerleading ___ Cross Country
 ___ Football ___ Stunt Masters ___ Track & Field ___ Volleyball ___ Softball

The submission of fraudulent records or omission of college history constitutes grounds for denial of admission to Edward Waters College or dismissal from the college.

As an Edward Waters College student, I agree to abide by the rules and regulations as they are set forth in the catalog, handbook, and other official documents of the college. I do hereby certify that the given information on this application is true and correct.

Applicant Signature Date

Parent or Guardian Signature (if applicant is under 18) Date

**For admission consideration, please submit Official High School/College Transcripts.
For scholarship consideration, please submit ACT and/or SAT scores.**

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