

Dual Enrollment Undergraduate Application for Admission

You may also apply online at cairn.edu/apply

HOW DID YOU HEAR ABOUT US?

Choose one of the following:

- Alumni
- Faculty/Staff
- Current Student
- Magazine Ad
- Friend/Family/Pastor
- Web Search
- Christian Connector
- Athletics
- On-Campus Event
- College Fair
- Off-Campus Event
- Camp Visit
- Church/Youth Group Visit
- School Visit
- Other: _____

ADMISSIONS REQUIREMENTS

1. Return the completed, signed application. Additional documents may be submitted separately.
2. Send an unofficial high school transcript.
3. Enrollment in certain courses also requires official SAT or ACT scores. (Cairn codes on last page)

ENROLLMENT INTENTIONS

I will enter in:

- Fall 20 ____
- Spring 20 ____
- Summer 20 ____

PERSONAL INFORMATION (Please print clearly in ink)

Name: _____
LAST/SURNAME FIRST MIDDLE PREFERRED

Social Security #: _____ Date of Birth: ____/____/____ Male Female

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Please call me on my: Home Phone Cell Phone Would you like to receive Text Message updates? Yes No

Email: _____ Social Media: Facebook _____ Twitter _____

EDUCATIONAL BACKGROUND

Please list high school currently attending.

School Name	City, State	Dates of Attendance	Graduation Year

GPA: _____ (If Taken: SAT Composite Score: _____ ACT Composite Score: _____ TOEFL score (if applicable): _____)

Do you plan to retake any tests? If so, when: _____

PROGRAM INTEREST

Please check your primary academic interests.

If you are uncertain as to which program to select, please check **either** "Undecided" **or** the program of most interest to you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Preschool-Kindergarten Education |
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Health and Physical Education PK-12 | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Bible Education K-12 | <input type="checkbox"/> History | <input type="checkbox"/> Secondary Bible and History Education |
| <input type="checkbox"/> Bible Ministries | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Secondary English Education |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Intercultural Studies | <input type="checkbox"/> Secondary Mathematics Education |
| <input type="checkbox"/> Camping Ministries | <input type="checkbox"/> Liberal Arts | <input type="checkbox"/> Secondary Social Studies Education |
| <input type="checkbox"/> Christian Studies | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Church Ministries Interdisciplinary | <input type="checkbox"/> Music | <input type="checkbox"/> Social Service Interdisciplinary |
| <input type="checkbox"/> Community Arts | <input type="checkbox"/> Music Composition | <input type="checkbox"/> Studio Art |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Music Education | <input type="checkbox"/> Worship and Music |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Music Performance | <input type="checkbox"/> Youth and Family Ministry |
| <input type="checkbox"/> Elementary/Early Childhood Education (PK-4) | <input type="checkbox"/> Pastoral Ministries | <input type="checkbox"/> TESOL Certification (added to any degree program) |
| <input type="checkbox"/> English | <input type="checkbox"/> Pre-Art Therapy | <input type="checkbox"/> Undecided |

BACKGROUND INFORMATION

Father/Guardian: In full-time ministry: Yes No Cairn Alumnus/a: Yes No
Name: _____ Occupation: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Country: _____
Phone: _____ Email: _____

Mother/Guardian: Are you or your parents In full-time ministry? Yes No Cairn Alumnus/a: Yes No
Name: _____ Occupation: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Country: _____
Phone: _____ Email: _____

Ethnic Background (used for government reporting, will not be used in making an admissions decision). Select one or more of the following:

American Indian/Alaskan Native Asian Black/African American Hispanic Native Hawaiian/Pacific Islander White

Church Information:

Church Name: _____ City: _____ State: _____ Zip Code: _____
Pastor/Youth Pastor's Name: _____

ADMISSIONS ESSAYS

Each essay should demonstrate your beliefs and your ability to develop thoughts and write clearly at a collegiate level.

Please use a separate sheet of paper to write your Admissions Essays for the following:

1. Please share your testimony of trusting Jesus Christ as your Savior and how that has impacted your life. (200 word minimum)
2. What is exciting to you about the idea of studying at a place like Cairn University?

ADDITIONAL INFORMATION REQUIRED

Have you ever been dismissed from any school? Academic: Yes* No Disciplinary: Yes* No

Have you ever been convicted of a crime (other than minor traffic violations) or are there charges pending against you at this time? Yes* No

Have you used, or participated in the use of, any of the following within the last 12 months?

Tobacco: Yes* No Alcohol: Yes* No Narcotics or Hallucinogenics: Yes* No Gambling: Yes* No

**If you answered yes to any of the above questions, an explanation is required in order to complete your application. Please include your brief explanation on a separate sheet.*

ACKNOWLEDGMENT

- I have read the **Statement of Faith** and acknowledge that it represents the position of Cairn University. In the interest of Christian community I agree to respect this position as I study at the University and further my own biblical and theological knowledge.
- I have read the **Community Life Covenant and Traditional Undergraduate Standards of Conduct** and agree to abide by the standards detailed there.
- I affirm that the facts set forth in my application and any materials I provide pertaining to my admission and/or financial aid are true and complete. I agree that if, in the judgment of Cairn University, any misrepresentation or omission has been made in this application or related materials, such misrepresentation/omission shall be sufficient cause for rejection prior to admission, and dismissal if I am admitted as a student.
- I authorize any schools or colleges that I have previously attended to release my academic record and related materials to Cairn University Admissions Office.

Student Signature: _____ **Date:** _____ / _____ / _____