



## OPTIONAL DATA

If you wish to respond to the following questions, please check your response in each column:

### Racial or Ethnic Background

- Non-Resident Alien
- Black/African American, Non-Hispanic
- Hispanic
- Native American
- Asian/Pacific Islander
- White, Non-Hispanic
- Other \_\_\_\_\_  
(PLEASE SPECIFY)

### Religious Background

- Roman Catholic
- Jewish
- Protestant
- Eastern Orthodox
- Muslim/Islamic
- Other \_\_\_\_\_  
(PLEASE SPECIFY)

## CITIZENSHIP DATA

Are you a U.S. Citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_

Specify your current visa status: \_\_\_\_\_

Do you hold a U.S. "Green Card"?  No  Yes If yes, what is your alien registration number? \_\_\_\_\_

Is English the primary language used in your home?  No  Yes \_\_\_\_\_

If no, specify language: \_\_\_\_\_

## FAMILY INFORMATION

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

If you do not live with both parents, with whom do you make your permanent home? \_\_\_\_\_

RELATIONSHIP TO YOU

NAME

ADDRESS

CITY

STATE

ZIP

## ADMISSIONS INFORMATION

I am applying as a:  Freshman  Transfer

I will begin my studies:  Fall 20\_\_\_\_\_  Spring 20\_\_\_\_\_  Summer 20\_\_\_\_\_

I will be studying as a:  Full-time Student  Part-time Student

Have you previously **applied** to the University of Bridgeport?  No  Yes \_\_\_\_\_  
SEMESTER / YEAR

Have you previously **attended** the University of Bridgeport?  No  Yes \_\_\_\_\_  
SEMESTER / YEAR

While attending the University of Bridgeport will you be living:  At home  On-campus\*  Off-campus housing

*\*All students under 21 whose home is more than 50 miles away must live on-campus.*

Have you visited the University of Bridgeport?  Yes  No If no, please call **1-800-EXCEL-UB (392-3582)** to schedule a visit.

The University of Bridgeport is currently your:  1st choice  2nd choice  3rd choice

To what other schools have you applied or do you plan to apply for admission?

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What is your intended major? \_\_\_\_\_  
(SEE PAGE 6 FOR A LISTING OF MAJORS AND CONCENTRATIONS) MAJOR CONCENTRATION DEGREE

I am interested in Pre-Professional Studies in:  
 Pre-Medicine  Pre-Dental  Pre-Chiropractic  Pre-Veterinary  Pre-Naturopathic Medicine

I am currently undecided about my major

Please indicate what NCAA Division II athletic team(s) you would like to participate in at the University of Bridgeport:

Men's  Basketball  Baseball  Cross-country  Soccer

Women's  Basketball  Softball  Cross-country  Soccer  Gymnastics  Volleyball

I'd like to play the following musical instrument \_\_\_\_\_ or join a club/organization in \_\_\_\_\_



## EXTRACURRICULAR, COMMUNITY ACTIVITIES & INTERESTS

### Activities

Please include your participation in school and community activities.

ACTIVITY	OFFICES HELD	YEARS OF PARTICIPATION	WILL YOU PARTICIPATE IN COLLEGE? YES/NO

### Honors

Please list any academic and/or community honors you have received.

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### Athletics

Please include any athletics in which you have participated in while in school. Please indicate whether or not you plan to continue to participate at the University of Bridgeport.

SPORT	YEARS OF PARTICIPATION	POSITIONS PLAYED	I PLAN TO PARTICIPATE IN COLLEGE? YES/NO

### Work Experience

List any jobs you have held while in high school (or college, if transfer student).

TYPE OF JOB	EMPLOYER	DATES OF EMPLOYMENT	HOURS PER WEEK

## APPLICANT'S PERSONAL STATEMENT (Required)

**Please tell us something about yourself that we might not learn from your application.** (This should be written in an essay form and attached to the application).

## PARENT OR GUARDIAN STATEMENT (Optional)

**Please tell us something about your son/daughter/applicant that would be important in the decision making process.** (You may use the space provided or attach a separate sheet to the application).

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## UNDERGRADUATE PROGRAMS OF STUDY

Use this list to determine your major, area of concentration and your degree. **Also list these in the space provided on page 3 of the application.**

### School of Arts and Sciences

Biology (B.A. or B.S.)  
 Graphic Design (B.F.A.)  
 Illustration (B.F.A.)  
 Literature and Civilization (B.A.)

- Creative Writing
- English
- History
- Philosophy
- Psychology

Mathematics (B.A. or B.S.)

Music (B.M.)

- Jazz
- Music Business
- Music Education
- Music Performance

### School of General Studies

Elective Studies (B.E.S.)  
 Martial Arts Track  
 General Studies (A.A. or A.S.)

### School of Business

Accounting (B.S.)  
 Business Administration (A.A. or B.S.)  
 Business Administration/  
 Legal Administration (B.S.)  
 Computer Applications and  
 Information Systems (B.S.)  
 Fashion Merchandising (A.A. or B.S.)  
 Finance (B.S.)  
 International Business (B.S.)  
 Management and Industrial  
 Relations (B.S.)  
 Marketing (B.S.)

### School of Education & Human Resources

Human Services (B.S.)

### College of Nations

International Political Economy and  
 Diplomacy (B.A.)  
 Mass Communication (B.A.)

- Advertising
- Communication Studies
- Journalism
- Public Relations

Social Sciences (B.A.)

- History
- International Studies
- Political Science
- Psychology
- Sociology

World Religions (B.A.)

### School of Continuing Education

IDEAL Program (B.E.S.)  
*(Accelerated Degree Program for Adults)*

### Fones School of Dental Hygiene

Dental Hygiene (A.S. or B.S.)

### School of Engineering & Design

Computer Engineering (B.S.)  
 Computer Science (B.S.)  
 Industrial Design (B.S.)  
 Interior Design (B.S.)

### Joint Program

B.S./D.C. in  
 Biology/Chiropractic

### Pre-Professional Studies

Pre-Chiropractic  
 Pre-Dental  
 Pre-Medicine  
 Pre-Naturopathic  
 Pre-Veterinary

(• Indicates a concentration within the degree).

I hereby apply for admission to the University of Bridgeport and agree to abide by its regulations. The information I have provided is accurate and complete. The undersigned agrees that the information furnished on the Application for Admission, together with all information and materials of any kind received by the Office of Admissions from any source, or prepared by anyone at its request, "...shall become part of the applicant's educational records, if accepted as a student, and will be dealt with as to confidentiality and/or disclosure or inspection by the student or third parties, in accordance with the provisions of the status laws of the United States entitled "Family Educational Rights and Privacy Act of 1974 (FERPA)."

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PARENT OR GUARDIAN'S SIGNATURE  
 (IF APPLICANT IS UNDER 18, THE APPLICANT AND A PARENT OR GUARDIAN MUST SIGN.)

\_\_\_\_\_  
 DATE

The University of Bridgeport admits students regardless of sex, race, color, creed, or national or ethnic origin to all the rights, privileges, programs and activities generally accepted or made available to students of the University. The University of Bridgeport does not discriminate on the basis of gender, sexual orientation, race, color, national or ethnic origin, creed, political affiliation, or handicap in the administration of its educational policies, scholarship and loan programs, and athletic and other University administered programs. The University of Bridgeport is an Equal Opportunity Employer.

The University of Bridgeport is accredited by the New England Association of Schools and Colleges (NEASC) and by the Board of Governors of the Connecticut Department of Higher Education.

## MAIL CHECK OR MONEY ORDER FOR \$25.00 PLUS SIGNED AND COMPLETED APPLICATION TO:

### UNIVERSITY OF BRIDGEPORT

Office of Admissions, Bridgeport, CT 06601-2449

Telephone: 203.576.4552 • Toll Free: 800.EXCEL.UB (800.392.3582)

Fax: 203.576.4941 • E-mail: [admit@bridgeport.edu](mailto:admit@bridgeport.edu) • Home Page: [www.bridgeport.edu](http://www.bridgeport.edu)

**All medical forms must be mailed directly to:** Health Center, University of Bridgeport, 60 Lafayette Street, Bridgeport, CT 06601-2449



# UNIVERSITY OF BRIDGEPORT

## TRANSCRIPT REQUEST FORM

### APPLICANT: GIVE TO YOUR HIGH SCHOOL AND/OR COLLEGE COUNSELOR

Please complete Parts I and II. Then give this form to your counselor who should complete Parts III, IV and V and mail it, along with a **final official transcript** and a **school profile**, directly to:

Office of Admissions, University of Bridgeport, Bridgeport, CT 06601-2449

Transfer applicants must submit **official** copies of their transcripts from each college/university and high school attended. Transcripts should indicate degree(s) awarded and date(s). *Contact your college registrar's office to obtain your official transcripts.*

### PART I: STUDENT INFORMATION (Please print or type clearly).

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other names under which your transcript may appear \_\_\_\_\_  
MAIDEN/FORMER

Permanent Address \_\_\_\_\_ City \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

### PART II: SCHOOL INFORMATION (High School or College).

School Name \_\_\_\_\_ CEEB Code (If known) \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

### PART III: ACADEMIC RECORD (To be completed by the School Counselor).

Rank in class\* \_\_\_\_\_ / \_\_\_\_\_ based on \_\_\_\_\_ semesters

Grade point average \_\_\_\_\_ based on a \_\_\_\_\_ scale and \_\_\_\_\_ semesters  Weighted  Unweighted  
(NUMBER OF)

Passing grade at your school 60 \_\_\_\_\_ 65 \_\_\_\_\_ 70 \_\_\_\_\_ Other \_\_\_\_\_  
(PLEASE CHECK ONE) (PLEASE SPECIFY)

SAT (Math) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCORE \_\_\_\_\_ MONTH / DAY / YEAR

SAT (Verbal) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCORE \_\_\_\_\_ MONTH / DAY / YEAR

American College Test Assessment (ACT) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ENGLISH MATH READING SCIENCE REASONING COMPOSITE SCORE

Is the student's course selection:  Most Demanding  Demanding  Average  Below Average

\* If your high school does not rank, is a class distribution available?  Yes  No If yes, please send us a copy along with this form.

### PART IV: TRANSCRIPT (To be completed by the School Counselor).

Please attach a **final official** transcript of the applicant's grades (along with a guide to interpreting the grading system), courses, class rank, etc. Also provide any copies of the student's test records, including the SAT, and/or ACT scores.

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**PART V: ACADEMIC RECOMMENDATION** (To be compiled by school counselor).

Is the academic record of this student an accurate indication of the student's ability?  Yes  No  
If no, please describe the circumstances.

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Are there any additional factors you believe the Admissions Committee should consider regarding this candidate?

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\_\_\_\_\_  
COUNSELOR'S NAME (PLEASE PRINT CLEARLY)      (\_\_\_\_\_) TELEPHONE      (\_\_\_\_\_) FAX

\_\_\_\_\_  
COUNSELOR'S SIGNATURE      E-MAIL ADDRESS      DATE



**UNIVERSITY OF BRIDGEPORT**  
**OFFICE OF ADMISSIONS**

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