APPLICATION PACKET

William Carey University
Office of Admissions: Application Instructions Checklist

International Student

☐ Completed and signed application for undergraduate admissions
☐ $40 non-refundable application fee
☐ Official ACT or SAT scores
☐ Official TOEFL or Michigan Level exam scores, if applicable
☐ Official and final transcripts from each institution previously attended, with official English translations included*
☐ Completed and signed certification of finances showing official proof of financial support
☐ Proof of measles, mumps, and rubella (MMR) immunizations**
☐ $500 advance tuition

* An official transcript is one that has been mailed directly from the institution to William Carey University.
**You should have one MMR in the last 10 years or two over the course of your life if you were born after January 1, 1957.

Do You Have Questions?

Hattiesburg Campus

601.318.6103
Fax: 601.318.6765
1.800.962.5991
admissions@wmcarey.edu
William Carey University Application for Undergraduate Admissions

Social Security Number, if applicable _______–_______–________      Date of Birth ___________________ Month/Day/Year

Last Name                                First Name                       Middle Name                     Preferred Name

Permanent Mailing Address

City State/Province Zip/Postal Code

County or Parish, if applicable Country

Home Telephone                                      Cellular Telephone

E-Mail Address

ENROLLMENT INFORMATION

Probable Major (See list of majors on last page) ___________________________________________________________________

Entrance Term  ❑ Fall  ❑ Winter  ❑ Spring  ❑ Summer       Academic Year 20____

Have you attended William Carey in the past?  ❑ Yes  ❑ No       What term(s)? ______________

INTERNATIONAL INFORMATION

Country of Birth _____________________________ Country of Citizenship _____________________________

Native Language _____________________________ Languages Spoken______________________________
HIGH SCHOOL INFORMATION

Last High School Attended _________________________________________________

High School Counselor’s Name __________________________ Counselor’s Phone Number ____________

Have you taken the ACT?  ☐ Yes  ☐ No

ACT Scores (Composite) ___________________ Date Taken (Month/Year) ___________________

Have you taken the SAT?  ☐ Yes  ☐ No

SAT Scores (Critical Reading + Math) _____________ Date Taken (Month/Year) ____________

Date of High School Graduation (Month/Day/Year) _______________________

COLLEGE INFORMATION  Your initials are required to indicate that you have read this statement ________.

Please list all colleges and/or universities attended in order of attendance. (This includes dual enrollment classwork). If no colleges were previously attended, mark the first space “none.” An official transcript from each college is required. Failure to disclose all institutions attended at the time the application is submitted will result in a recalculation of your transfer grade point average and could result in loss of credit, disciplinary action, or cancellation of your enrollment.

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<tr>
<th>Name of College/University</th>
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<th>State</th>
<th>Country</th>
<th>Dates of attendance</th>
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STATISTICAL INFORMATION  (Used only for statistical reporting)

Gender:  ☐ Male  ☐ Female

Special Needs:  ☐ No  ☐ Yes  Please describe ________________________________

Ethnic Background:  ☐ American Indian or Alaskan Native  ☐ Asian/Pacific Islander

☐ Black/Non-Hispanic  ☐ White/Non-Hispanic

☐ Hispanic  ☐ Other __________________________________________________________

MISCELLANEOUS

Have you ever been convicted or pled guilty to a crime (other than minor traffic violations)?

☐ No  ☐ Yes  If yes, explain (attach additional sheet if necessary) __________________________

Have you ever been suspended or expelled from another institution?

☐ No  ☐ Yes  If yes, explain (attach additional sheet if necessary) __________________________
FAMILY INFORMATION

Guardian*  □ Father  □ Mother  □ Other ____________________________________________

Last Name                                            First Name                       Middle Name                       Preferred Name
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Permanent Mailing Address

City                                                State/Province                  Zip/Postal Code
_________________________________________________________________________________________________

County or Parish, if applicable                        Country
_________________________________________________________________________________________________

Home Telephone                                      Cellular Telephone               Work Telephone
_________________________________________________________________________________________________

E-Mail Address

Please list the names of any family members who attended William Carey.

Name while at Carey              Relationship to You              Approximate Dates Attended
_________________________________________________________________________________________________

Name while at Carey              Relationship to You              Approximate Dates Attended
_________________________________________________________________________________________________

Name while at Carey              Relationship to You              Approximate Dates Attended
_________________________________________________________________________________________________

*Optional for those 25 years of age or older

EMERGENCY CONTACT (other than parent or spouse)

Last Name                                            First Name                       Middle Initial
_________________________________________________________________________________________________

Relationship to you _________________________________  Home Telephone               Cellular Telephone
_________________________________________________________________________________________________

E-mail Address __________________________________________
RELIgIOUS BACKgROUnD

Denomination ❑ Southern Baptist ❑ Other Baptist ❑ Presbyterian ❑ Catholic ❑ Methodist ❑ Other (please list) ______________________________________________________________

Home Church ___________________________________________________________________________________

Name                                      City                          State                 Country

If you are a dependent of a Southern Baptist minister, home missionary, or foreign missionary, please list your

Parent Minister Name(s)___________________________________________  Job Title ______________________

Home Church ___________________________________________________________________________________

Name                                      City                          State                 Country

ACKNOWLEDgEmENT Of fInAnCIAl rEspOnsIBIlItY AnD IntEgrItY:

For value received during the length of my study at William Carey University, I, the undersigned, agree to accept responsibility for any indebtedness incurred to William Carey University. I understand that this instrument shall remain in effect throughout the course of my academic study at William Carey University. Demand, presentment, protest, notice of protest, and notice of disclosure are hereby waived. In the event of default in the payment of any indebtedness, time being of the essence of this instrument, the holder of this agreement, without notice or demand, may declare the entire principal sum, then unpaid, immediately due and payable. In addition, upon default, the holder may terminate the maker's enrollment at William Carey University. The failure of the holder to declare the entire principal sum due and payable on default or terminate the maker's enrollment shall not be deemed a waiver of its right to do so.

In the event that a collection agency must be contracted to assist with the collection of any outstanding balance, or in the event that any suit is commenced to enforce payment of the agreement, the undersigned agrees to pay all costs of collection including agency costs, court costs, and such additional sums of attorney fees as the court in such action may adjudge reasonable. This note shall be governed by and construed in accordance with the laws of the State of Mississippi.

I understand that William Carey University prohibits its students from using, possessing, and distributing or causing the use, possession, or distribution of alcohol and illegal drugs on campus, at any university-related, sponsored, or recognized activity, whether on or off campus, and off campus in a student’s university residence.

I consider this application my agreement to cooperate with the university and to conduct myself in accordance with established rules of the university as found in the official publications of the institution. I certify that all information provided in this application is true, complete, and correct.

_________________________________________________       _______________________________
Student's Signature                                          Date  (Month/Day/Year)

All single students under the age of 21 whose primary residence (parent’s/guardian’s home) is more than 50 miles from the university are required to live on campus.

Equal Educational Opportunities Statement: In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972, William Carey University does not illegally discriminate on the basis of race, color, national origin, sex, age, or disability in admissions or in the administration of its education policies, programs, and activities.