

APPLICATION FOR ADMISSION AND TUITION AGREEMENT:



The School of Childhood Education at Sullivan University

Please attach recent picture.

A nonrefundable application fee must accompany this application for admission.

Entry Date _____

CAREER SPECIALIZATION

- Professional Nanny Diploma
- Child Care Management Associate Degree
- Day Part Time Full Time

3101 Bardstown Road
Louisville, Kentucky 40205

PERSONAL:

(please print or type)

• Student name _____
LAST FIRST MIDDLE

• Current address _____ Phone number (____) _____
STREET NUMBER, STREET, OR RURAL ROUTE

City _____ State _____ County _____ Zip Code _____

Email address _____ Cell phone number _____

Age _____ Date of Birth _____ - _____ - _____ Social Security number _____ - _____ - _____

Are you a U.S. citizen? _____ yes _____ no If no, what is your immigration status? _____

• If you live with your parent(s) or guardian, give their name: _____

• If you are currently working at least 25 hours per week, list employer information below:

Name of employer _____ Phone number (____) _____

EDUCATIONAL:

• Name of high school you are now attending or from which you have graduated:

High school name _____ Year of graduation _____

• or...If you have earned your GED, give the City and State where you were tested: _____ Year GED was received _____

• Have you previously attended Sullivan University? yes _____ no _____

If so, list the dates of attendance: from _____ - _____ to _____ - _____

• List other colleges or career schools you have attended:

1-Name of College _____ Dates attended _____ Credits or degree earned _____

2-Name of College _____ Dates attended _____ Credits or degree earned _____

HOUSING:

• Are you planning to live in University housing? yes _____ no _____ Housing application completed? yes _____ no _____

SULLIVAN UNIVERSITY – TUITION AGREEMENT

Upon entry into Sullivan University, the undersigned agree(s) to pay Sullivan University the sum of _____ dollars (\$ _____) for tuition for the first quarter of enrollment. Tuition for the remaining _____ quarters in the _____ program will be \$ _____ per quarter and assessed when the student begins the quarter. The total program tuition for the above listed program is \$ _____. If the student leaves school for any term or portion thereof, the tuition charge in effect at the time the student re-enters will be assessed.

Once the tuition for the program is paid in full, the student has up to one and one-half times the stated program length for completion of that program without additional tuition as long as satisfactory academic progress is being made. Each student who graduates shall have access without additional charge to the university's **Graduate Employment Service** and **Review Privileges** for life on any subject or program completed. The student agrees the university may use her or his name and/or picture in university literature, publications or advertising. The university reserves the right to reject any application for admission and will return any application deposit made if the application is rejected.

Please refer to the catalog for Sullivan University's refund policy and the Department of Education's policy on the return of unearned Title IV funds.

Any balance remaining unpaid will be due and payable by the last day of attendance each quarter. In the event that anticipated financial arrangements do not meet the tuition cost, the undersigned is/are still responsible for such tuition and legal/attorney fees if legal action becomes necessary.

This agreement is not binding until the date of student entrance.

Student Signature _____ Date _____ Parent or Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY

A/O _____

Appl. fee pd. _____

Date _____

Receipt number _____

Source _____

Code # _____

T & T date _____

Test(s) used _____

Scores rec'd _____

FA _____

SI CP DA DP CA VA

Other _____

RSOA 1 2 - 1 2 3 4 5 6

Date officially accepted _____