

**APPLICATION FOR ADMISSION
AND TUITION AGREEMENT:**



3101 Bardstown Road
Louisville, Kentucky 40205

**Please attach
recent picture.**

**A nonrefundable
application fee must
accompany this
application for
admission.**

Entry Date _____

- Day Full Time
- Evening Part Time

ASSOCIATE OF SCIENCE DEGREE:

- First Year Career Specialization _____
- Medical Office Management Marketing & Sales Management Early Childhood Education
 - Administrative Office Management Internet/Intranet Programmer Public Safety Administration
 - Legal Administrative Professional Computer Programmer Other _____
 - Business Management PC Support Specialist
 - Accounting Information Technology Specialist _____

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: _____

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 _____ diploma 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.

This tuition agreement is for the first year career specialization. Tuition for the remaining _____ quarters of the associate degree program will be charged on a quarterly basis. If the student remains in continuous attendance in the program designated above, the charge will be \$ _____ per quarter (plus books and any other fees). If the student enrolls in associate degree classes during the first year specialization, the tuition for these classes will be charged at the credit hour rate in place at the time, with the quarterly tuition amount reduced by this amount during the first quarter of full enrollment in the degree program.

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 _____