



TALLADEGA COLLEGE

APPLICATION FOR ADMISSION

This completed form, with a non-refundable \$25.00 application fee, should be completely filled out and mailed to the Office of Admissions, Talladega College, 627 West Battle Street, Talladega, Alabama 35160. A copy of your official high school transcript, a report on scores made on either the Scholastic Aptitude Test (SAT) or the American College Test (ACT), and one Counselor recommendation are required to complete your application for admission.

I am applying as a: Beginning Freshman Transfer Student Returning Student Beginning: Fall Spring

Intended Major: _____ Your Grade Point Average: _____

NAME _____
Last First Middle Jr., III, etc. Sex

Permanent Mailing Address: Street, City, County State, Zip

E-Mail Address

Racial/Ethnic Background: African-American Asian or Pacific Islander Caucasian Hispanic Native American Other

Date of Birth ____/____/____ Social Security _____ Telephone (____) _____

Marital Status: Single Married Divorced Separated Widowed

Name of Parent/Legal Guardian or Spouse

Address (If different from the above address)

Are you a Veteran? Yes No If Yes, do you plan to utilize Veteran's Benefits? Yes No

Will you be applying for financial aid? Yes No

Have you previously attended Talladega College? No Yes - Give Dates: From: _____ To: _____

Were you previously granted admission to Talladega College but did not enroll? Yes No

How did you learn about Talladega College? Recruiter Alumni Student Ambassador Friend Other

HOUSING PLANS: Dormitory House / Apartment Live at Home

Name of High School attending or last attended: _____ Year of Graduation: _____

ADDRESS: (Street, City, State, Zip Code)

TRANSFER STUDENT ONLY:

Please list in chronological order all colleges and universities in which you have enrolled for credit, beginning with the present or most recent.

Name of School	City / State	Mo/Yr to Mo/Yr	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INTERNATIONAL STUDENTS: LIST COUNTRY OF CITIZENSHIP: _____

Important: After reading the following, please sign on the line provided below. The information in this application is accurate to the best of my knowledge. I understand that Talladega College reserves the right to cancel enrollment if I withhold or falsify information.

Applicant's Signature

Date

Contact us at: (256) 761-6235 - Web Address: www.talladega.edu

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(Personal Essay)

Please use this page to tell us something about yourself: What are your interests, career goals and leisure time activities? Who or what are the most important influences in your life? Do you or have you been involved in any community service activities? What is the most important book you have read? What do you enjoy doing most with your family? Why do you want to attend Talladega? Who or what influenced you to seek a Talladega education?

<i>For Office Use Only</i>	
<i>Student ID#</i> _____	<i>Accepted</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>GPA</i> _____	<i>Recommendations</i> _____
	<i>Date:</i> _____