



THE COLLEGE
OF WESTCHESTER

A BACHELOR DEGREE GRANTING PRIVATE COLLEGE

EVENING/SATURDAY COLLEGE APPLICATION FOR ADMISSION

THE COLLEGE OF WESTCHESTER, 325 CENTRAL AVENUE, P.O. BOX 710, WHITE PLAINS, NEW YORK 10602
(800) 333-4924 (914) 831-0200 FAX: (914) 948-8015 E-MAIL: admissions@cw.edu

GENERAL INFORMATION

A \$40 application fee must accompany this form

I HEREBY APPLY FOR ADMISSION TO THE COLLEGE OF WESTCHESTER FOR THE SESSION BEGINNING MONTH _____ YEAR _____

☐ **EVENING COLLEGE** ☐ **SATURDAY COLLEGE**

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ ☐ MALE ☐ FEMALE
USE NUMBERS ONLY

NAME _____
LAST FIRST MAIDEN

ADDRESS _____
NUMBER, STREET APARTMENT

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____ EXT. _____

CELL PHONE (_____) _____ CELL PROVIDER _____

E-MAIL _____

CHECK THE ONE THAT APPLIES TO YOU: ☐ I AM A UNITED STATES CITIZEN ☐ I AM A PERMANENT RESIDENT ☐ I AM NONE OF THE ABOVE

RACE (*optional*) ☐ AFRICAN-AMERICAN ☐ ASIAN ☐ CAUCASIAN ☐ HISPANIC ☐ OTHER _____

DO YOU CONSIDER YOURSELF TO BE HISPANIC OR LATINO? ☐ YES ☐ NO

CHECK THE PROGRAM FOR WHICH APPLICATION IS MADE:

BACHELOR'S DEGREE PROGRAMS:

- ☐ BACHELOR OF BUSINESS ADMINISTRATION IN BUSINESS ADMINISTRATION
☐ BACHELOR OF BUSINESS ADMINISTRATION IN ACCOUNTING

ASSOCIATE'S DEGREE PROGRAMS:

- ☐ BUSINESS ADMINISTRATION MANAGEMENT / MARKETING, A.A.S.
☐ ACCOUNTING, A.A.S.
☐ COMPUTER NETWORK ADMINISTRATION, A.A.S.
☐ DIGITAL MEDIA, A.A.S.
☐ MEDICAL ASSISTANT MANAGEMENT, A.A.S.
☐ MEDICAL OFFICE SYSTEMS MANAGEMENT, A.O.S.

CERTIFICATE PROGRAMS:

- ☐ INTENSIVE ACCOUNTING / COMPUTER APPLICATIONS
☐ COMPUTER NETWORK SPECIALIST
☐ DIGITAL MEDIA SPECIALIST
☐ MEDICAL ASSISTANT SPECIALIST
☐ MEDICAL OFFICE SPECIALIST
☐ INDIVIDUAL COURSES

SEE TRANSCRIPT AND IMMUNIZATION RELEASE FORM ON REVERSE SIDE

DEAR GUIDANCE DIRECTOR:

KINDLY FORWARD A COPY OF THE STUDENT'S INFORMATION AS REQUESTED ON THE OPPOSITE SIDE OF THIS FORM TO:

OFFICE OF ADMISSIONS
THE COLLEGE OF WESTCHESTER
325 CENTRAL AVENUE
P.O. BOX 710
WHITE PLAINS, NEW YORK 10602

THANK YOU FOR YOUR COOPERATION.

SHOULD YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE FEEL FREE TO CONTACT US AT:

PHONE: 914-831-0200

EMAIL: ADMISSIONS@CW.EDU

FAX: 914-948-8015

SINCERELY,
OFFICE OF ADMISSIONS

ACADEMIC INFORMATION

SCHOOLS ATTENDED:

SCHOOL NAME	CITY/STATE	FROM (MO./YR.)	TO (MO./YR.)	DATE GRADUATED
HIGH SCHOOL				
IF YOU RECEIVED A GED, PLEASE NOTE THE STATE YEAR RECEIVED				
COLLEGE ATTENDED				

MILITARY HISTORY: ACTIVE DUTY VETERAN RESERVE

EMPLOYMENT HISTORY:

EMPLOYER	CITY/STATE	FROM (MO./YR.)	TO (MO./YR.)	POSITION
EMPLOYER				
EMPLOYER'S ADDRESS				
YOUR POSITION FULL-TIME PART-TIME				
DOES YOUR PLACE OF EMPLOYMENT HAVE A TUITION REIMBURSEMENT PLAN? YES NO				

HOW DID YOU LEARN ABOUT CW?

NEWSPAPER	COLLEGE FAIR	CW SEMINAR	INTERNET SEARCH	TV/RADIO
YELLOW PAGES	CW GRADUATE	RECEIVED EMAIL	WEB SITE	EMPLOYER
RECEIVED MAILER	CW STUDENT	SOCIAL NETWORKS	FRIEND OR RELATIVE	OTHER

MARITAL STATUS NAME OF PERSON TO CONTACT IN EMERGENCY

RELATIONSHIP ADDRESS

HOME/CELL PHONE () BUSINESS PHONE () EXT.

MAIN REASONS WHY I HAVE DECIDED TO CONTINUE MY EDUCATION:

1.

2.

PLEASE CONTACT MY FRIEND WITH INFORMATION ABOUT CW

NAME: HOME/CELL PHONE ()

THE COLLEGE OF WESTCHESTER'S NONDISCRIMINATION POLICY PROHIBITS DISCRIMINATION IN ALL AREAS OF ITS OPERATION. THE COLLEGE OF WESTCHESTER DOES NOT LAWFULLY DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, VETERAN STATUS OR SEXUAL ORIENTATION. THIS IS IN COMPLIANCE WITH THE REGULATIONS AND POLICIES OF AFFIRMATIVE ACTION, TITLE IX AND SECTION 504 OF THE REHABILITATION ACT OF 1973.

I HEREBY APPLY FOR ADMISSION TO THE COLLEGE OF WESTCHESTER AND CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE. ADDITIONALLY, I HAVE RECEIVED AN OFFICIAL COLLEGE CATALOG.

SIGNATURE OF APPLICANT DATE

REQUEST FOR TRANSCRIPT AND IMMUNIZATION INFORMATION

IN CONNECTION WITH MY APPLICATION FOR ADMISSION, I AUTHORIZE THE BELOW-NAMED HIGH SCHOOL, INSTITUTION, OR AGENCY TO RELEASE THE FOLLOWING INFORMATION TO THE COLLEGE OF WESTCHESTER:

ACADEMIC TRANSCRIPT IMMUNIZATION RECORDS OTHER

STUDENT INFORMATION:

NAME	FIRST	MIDDLE/MAIDEN	LAST	DATE OF BIRTH
ADDRESS				
CITY		STATE	ZIP	
YOUR SIGNATURE			TODAY'S DATE	

HIGH SCHOOL INFORMATION:

HIGH SCHOOL NAME
ADDRESS
CITY STATE ZIP
YEAR OF GRADUATION OR LAST DATE ATTENDED

SCHOOL USE ONLY
TRANSCRIPT FEE
\$.00