

ALABAMA STATE UNIVERSITY

REHABILITATION SERVICES

WITH A CONCENTRATION IN ADDICTION STUDIES

DEPARTMENTAL ADMISSION APPLICATION

Please Type or Print Legibly.

Full Name _____ Student# _____
Last First Middle Initial

Classification _____ Semester & Year Entered ASU _____

Current Address _____
City State Zip

Permanent Address _____
City State Zip

State of Residency _____ E-mail Address _____

Daytime Telephone (____) _____ Evening Telephone (____) _____

Date of Birth _____ Age: _____ Gender: Male ___ Female ___

Place of Birth _____
City State County

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____

Address _____
City State Zip

Day Phone _____ Evening Phone _____

If you are a U.S citizen or a permanent resident of the U.S., please submit the following racial/ethnic information. This information is voluntary and refusal to provide it will not subject you to any adverse consequences. **Please check one:**

Black/Non-Hispanic () White/Non-Hispanic () Hispanic ()

Indian or Alaskan Native () Asian or Pacific Islander () Other ()

If you are not a U.S citizen, of what country are you a citizen? _____

If you are not a U.S. citizen, are you a Permanent Resident of the U.S.? _____

If yes, give alien registration number. _____

Education (Official transcripts from all schools attended must be submitted with application for consideration)

High School: _____ Location _____

City ST

Graduation Date: _____ If Didn't Graduate, Year GED was earned _____

Did you ever attend any other universities/community colleges, () Yes or ()No

If so please list below:

School/University	City and State	Graduation Date/ Date(s) Attended

Have you ever volunteered or have any type of rehabilitative services work related experience in high school or your first two semesters at the University? No() , If yes() , please list below.

Rehabilitation Services Related Work/Volunteer Experiences (include summer work)

Dates: From/To	Employer	Address	Position	Hours Per Week

