Dual Admission & Enrollment Program
Application for Admission

Portland Community College
Office of Admission
2811 NE Holman Street
Portland, OR 97211-6099
Admissions: 503.280.8501
Toll-Free: 800-321-9371
admissions@cu-portland.edu
www.cu-portland.edu

Portland Community College
Office of Admission
PO Box 19000
Portland, OR 97280
Admissions: 503.977.4519
admissions@pcc.edu
www.pcc.edu
Application for Undergraduate Co-Admission

Please type or print legibly in black or blue ink.

Social Security Number Statement:
Providing your Social Security Number (SSN) is voluntary. If provided, the college will use your SSN for records, research, and reporting. The college will not use your SSN to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please read the statement with the registration information on your class schedule which describes how your number will be used. Providing your SSN means that you consent to the use of the number in the manner described.

Contact Information:

Name: ____________________________________________________________

Mailing Address: __________________________________________________

Permanent Address: ________________________________________________

Area Code & Phone Number: (_____) ________ (_____) ________

E-mail: ___________________________________________________________

Social Security Number: ________________________________

US Military Veteran? □ Yes □ No Federal law requires the release of your name to military recruiters unless you request that we do not. Do you want your name withheld? □ Yes □ No

Personal Information:

Gender: □ Male □ Female Marital Status: □ Married □ Single

Date of Birth: ____________ / ____________ / ____________

Ethnic Origin: □ American Indian/Alaska Native □ African American/Black Non-Hispanic □ Hispanic/Latino

□ Caucasian □ Asian American/Pacific Islander □ Multiracial

□ Prefer not to answer □ Other: ________________________________

Citizen Type: □ U.S. Citizen □ Resident Alien □ Refugee/Immigrant □ Other - Immigration Visa Type: ________________________________

If you are neither a citizen nor a resident alien, please list the following:

Country of Birth: ________________________________ Country of Citizenship: ________________________________

Visa Type: ________________________________ Date Issued: ________________________________

Did either of your parents (step-parents or guardians) earn a four-year degree? □ Yes □ No

Religious Preference: ________________________________ If Lutheran, which Synod? ________________________________

Congregation and City: ________________________________ Priest/Minister/Pastor’s Name: ________________________________
Academic Background:

High School from which you have graduated or will graduate:

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Date of High School graduation: __________/________/______ or GED: __________/________/______

Have you completed 12 semester/18 quarter hours of college credit? □ Yes □ No

International Students Only: Have you taken the TOEFL? □ Yes □ No If yes, highest score: __________

List below all universities and colleges attended in order of attendance (no exceptions). If necessary, attach an additional page. Order all official transcripts to be sent to Concordia University from each school attended with the exception of PCC.

Enrollment Plans:

Start Date: 20__________

CU: □ Fall (late August) □ Spring (January) □ Summer (Session I: May, Session II: June)
PCC: □ Fall (September) □ Winter (January) □ Spring (March) □ Summer (June)

I plan to enroll: □ Full Time (12+ units at CU; 18+ units at PCC)
                □ Part Time (Any number of units less than Full Time)

Have you previously applied for admission at CU? □ Yes □ No If Yes, Term: __________ Year: __________

Have you previously applied for admission at PCC? □ Yes □ No If Yes, Term: __________ Year: __________

Are you an Oregon resident? □ Yes □ No

I plan to live: □ In campus housing □ With parents □ In my own residence

Please check the appropriate boxes:

□ I am applying for need-based financial aid and will submit the FAFSA as required.
□ I will not be applying for any need-based financial aid and will not be filing a FAFSA.
□ I am a member of Thrivent. Policy #: ____________________________

How were you encouraged to apply to the Dual Admission & Enrollment Program? (check all that apply):

□ Advisor □ Faculty & Staff □ HS Counselor/Teacher □ CU Admission Counselor
□ CU Preview Event □ Church or Pastor □ Website □ Employer
□ Coach □ Student □ Friend □ Other: ____________________________

Please list other colleges you are considering:

In which major area of study are you interested? __________
(if unsure, please write “Undecided”). Please refer to the list of majors on the application cover
Check the following areas of interest in which you would like to participate while attending Concordia:

- ☐ Choir
- ☐ Handbells
- ☐ Student Activities
- ☐ Intercollegiate Athletics (NAIA):
  - ☐ Men's Baseball
  - ☐ Men's Soccer
  - ☐ Women's Golf
  - ☐ Women's Volleyball
  - ☐ Men's Basketball
  - ☐ Men's Track & Field
  - ☐ Women's Soccer
  - ☐ Women's Softball
  - ☐ Men's Cross Country
  - ☐ Women's Cross Country
  - ☐ Men's Golf
  - ☐ Women's Golf

Have you been contacted by the coach?  ☐ Yes  ☐ No

Family Background:

Name of: ☐ Father  ☐ Legal Guardian  ☐ Spouse  College(s) attended

Street Address  City  State/Province  Zip/Postal Code  Country

Occupation  Professional worker in the LCMS?  School or Parish

Name of: ☐ Mother  ☐ Legal Guardian  ☐ Spouse  College(s) attended

Street Address  City  State/Province  Zip/Postal Code  Country

Occupation  Professional worker in the LCMS?  School or Parish

Please list relatives or friends who have attended one of the CU System schools: __________________________

Signature and Certification:

By signing this application, I hereby certify that all the information I have provided is accurate. Furthermore, if I am accepted and subsequently attend Concordia University, I agree to abide by all policies and procedures stated in the University Catalog and Student Handbook and any subsequent updates or revisions to such policies that are communicated to me during my tenure as a Concordia University student. My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I promise to pay PCC all reasonable costs for collection, including collection agency fees. I understand that with this application for co-admission I must pay the Concordia application fee of $25 payable to Concordia University and the application fee of $25 to Portland Community College. I acknowledge that confidential and sensitive information relating to testing, placement, and transcripts as well as diagnostics relating to student disabilities, if submitted to either PCC or Concordia University, will be available to both PCC and CU upon application for co-admission.

Concordia University admits students of any religion, race, color, national and ethnic origin, sex, age and handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, color, national and ethnic origin, sex, or handicap in administration of its educational policies and programs, admission policies, scholarship and loan programs, and athletic or other university-administered programs.

Printed Name: __________________________

Applicant Signature: __________________________  Date: ____/____/_____

Payment Options:

In order to process your application, we must receive your application fees ($25 to Concordia University/$25 to PCC). You can enclose two checks with your application or use a credit card. If you choose to use a credit card, please provide the following information:

Card type:  ☐ Visa  ☐ Mastercard

Name as it appears on card: __________________________

Card Number: __________________________  Expiration date: __________________________

Cardholder's Signature: __________________________  Date: __________________________