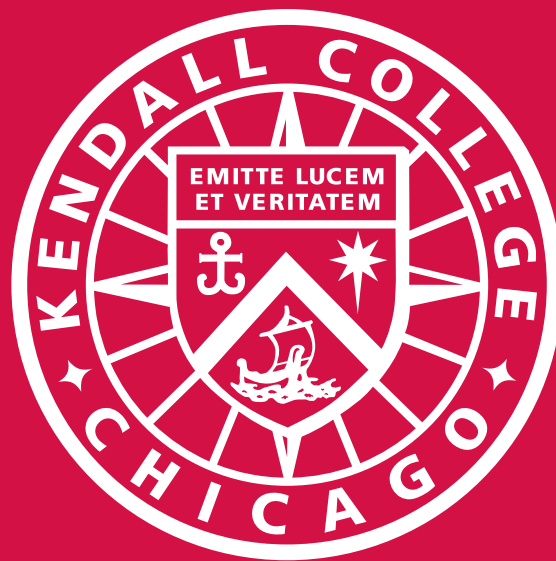


Admissions Application





ADMISSIONS APPLICATION

PLEASE SUBMIT OR FORWARD THE FOLLOWING ITEMS:

- Application
- \$50 Application Fee (non-refundable)
- Transcripts from any and all previously attended post-secondary institutions
- ACT composite scores of 18 or greater or three-part SAT score of 1350 or higher (if high school graduation date is within last five years)*
- Personal Statement
- College Support Contact Sheet
- Official High School Transcripts*

*Unnecessary if 18 quarter hours (or 12 semester hours) of college credit are completed.

LEGAL NAME AND CONTACT INFORMATION

LAST/FAMILY NAME			
FIRST NAME		MIDDLE NAME	
PREFER TO BE CALLED (NICKNAME)		FORMER (OR MAIDEN) NAME(S)	
PERMANENT HOME ADDRESS (NUMBER, STREET AND APARTMENT/UNIT NUMBER)			
CITY	STATE	ZIP	COUNTRY
HOME PHONE ()		MOBILE ()	
EMAIL ADDRESS			

PERSONAL INFORMATION

GENDER (CIRCLE ONE): MALE / FEMALE		MARITAL STATUS (CIRCLE ONE): SINGLE / MARRIED / DIVORCED	
BIRTH DATE (MM/DD/YYYY):		SOCIAL SECURITY NUMBER: - -	
Are you a U.S. Citizen? (CIRCLE ONE): YES / NO		Is English your native language? (CIRCLE ONE): YES / NO	
If not a U.S. citizen, are you a permanent resident of the U.S.? (CIRCLE ONE): YES / NO		Have you taken an English language proficiency test? (CIRCLE ONE): YES / NO	
If not a U.S. Citizen, in which country do you hold citizenship? (If dual, include both.)			
If an international student, what type of visa do you hold? (CIRCLE ONE): F-1 / J-1 / OTHER (PLEASE SPECIFY)			
Will you need to meet with our Americans with Disabilities Act (ADA) representative prior to enrollment at Kendall College? (CIRCLE ONE): YES / NO			
Have you ever been convicted of a felony or have you engaged in behavior that resulted in injury to person(s) or personal property? (CIRCLE ONE): YES / NO (If yes, see the following Criminal Activity Disclosure statement.)			

CRIMINAL ACTIVITY DISCLOSURE

Kendall College is committed to maintaining a safe environment for all members of the College community. As part of this commitment, Kendall requires applicants who have been convicted of a felony or who have engaged in behavior that has resulted in injury to person(s) or personal property to disclose this information as a mandatory step in the application process. Previous conduct or record of a previous conviction does not automatically bar admission to the College, but does require review. Complete information must be sent via certified mail at the time of application for admission to the Kendall College Office of Admissions at 900 N. North Branch St., Chicago, IL 60642. Information to be submitted includes: a brief explanation, location (city, state, country) of conviction or previous conduct, dates and court disposition. This statement must also include a grant of permission to Kendall College for complete access to any criminal records. For further information about this requirement, call (312) 752-2020.

OPTIONAL DEMOGRAPHIC INFORMATION

This optional information is requested to meet federal and state reporting requirements and to help the college understand and serve its constituents. It will not be used as a basis for admissions or in a discriminatory manner. You will not be subject to adverse treatment if you do not provide this information.

ETHNICITY-- CHOOSE ONE	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
RACE-- INDICATE ONE OR MORE RACES THAT APPLY	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White	



ADMISSIONS APPLICATION

EDUCATION

HIGH SCHOOL/SECONDARY SCHOOL NAME	LOCATION
GRADUATION DATE/ANTICIPATED GRADUATION DATE (MM/YYYY)	GRADE POINT AVERAGE: _____ BASED ON A _____ SCALE.

List all colleges/universities at which you have taken courses for credit.
Please have an official transcript sent from each institution.

INSTITUTION NAME	LOCATION
DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE (i.e. AA, AAS, BA, MBA)	DATES ATTENDED: (MM/YYYY) FROM _____ TO _____

INSTITUTION NAME	LOCATION
DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE (i.e. AA, AAS, BA, MBA)	DATES ATTENDED: (MM/YYYY) FROM _____ TO _____

INSTITUTION NAME	LOCATION
DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE (i.e. AA, AAS, BA, MBA)	DATES ATTENDED: (MM/YYYY) FROM _____ TO _____

NATIONAL SCHOOL ORGANIZATION PARTICIPATION

Please select the organization of which you are a member (you may qualify for scholarships if you are a member of one or more of the following organizations):

<input type="checkbox"/> PROSTART	<input type="checkbox"/> CHRIE	<input type="checkbox"/> DECA	<input type="checkbox"/> AOHT	<input type="checkbox"/> AOFINANCE
<input type="checkbox"/> CCAP	<input type="checkbox"/> LMP	<input type="checkbox"/> SKILLS USA	<input type="checkbox"/> FBLA	<input type="checkbox"/> FCCLA

WORK EXPERIENCE (BEGINNING WITH MOST RECENT)

MOST RECENT EMPLOYER	
POSITION	DATES EMPLOYED: FROM _____ TO _____
BRIEF DESCRIPTION OF DUTIES:	

SECOND MOST RECENT EMPLOYER	
POSITION	DATES EMPLOYED: FROM _____ TO _____
BRIEF DESCRIPTION OF DUTIES:	

INSTITUTIONAL

Have you utilized Federal Financial Aid in the past year? (CIRCLE ONE): YES / NO	If yes: When? Where?
Do you plan to apply for Financial Aid at Kendall? (CIRCLE ONE): YES / NO	Do you need student housing? (CIRCLE ONE): YES / NO

For additional Financial Aid information, please visit www.kendall.edu.



ADMISSIONS APPLICATION

PROGRAM OF STUDY

What term/year do you wish to begin classes? SUMMER (JULY) FALL (OCTOBER) WINTER (JANUARY) SPRING (APRIL) YEAR _____

Will you be a full-time student or part-time student? (CIRCLE ONE): FT / PT

To what degree program are you applying to? Please check a degree and a concentration/certification, if applicable.

SCHOOL OF BUSINESS	<input type="checkbox"/> BACHELOR OF ARTS IN BUSINESS – DAY PROGRAM <input type="checkbox"/> BACHELOR OF ARTS IN BUSINESS – ONLINE/WEEKEND
SCHOOL OF CULINARY ARTS	<input type="checkbox"/> BACHELOR OF ARTS IN CULINARY ARTS <input type="checkbox"/> ASSOCIATE IN CULINARY ARTS <input type="checkbox"/> ASSOCIATE IN CULINARY ARTS – ACCELERATED (BACHELOR'S DEGREE HOLDERS ONLY) <input type="checkbox"/> ASSOCIATE IN BAKING & PASTRY <input type="checkbox"/> CULINARY ARTS CERTIFICATE – PERSONAL CHEF & CATERING <input type="checkbox"/> CULINARY ARTS CERTIFICATE – BAKING & PASTRY <input type="checkbox"/> CULINARY ARTS CERTIFICATE – PROFESSIONAL COOKERY
SCHOOL OF EDUCATION	<input type="checkbox"/> BACHELOR OF ARTS IN EARLY CHILDHOOD EDUCATION LEADING TO ILLINOIS TYPE 04 CERTIFICATION <input type="checkbox"/> BACHELOR OF ARTS IN EARLY CHILDHOOD EDUCATION, NON-CERTIFICATION <input type="checkbox"/> ILLINOIS TYPE 04 TEACHER CERTIFICATE PROGRAM, POST-BACCALAUREATE
SCHOOL OF HOSPITALITY MANAGEMENT	<input type="checkbox"/> BACHELOR OF ARTS IN HOSPITALITY MANAGEMENT – DAY PROGRAM <input type="checkbox"/> BACHELOR OF ARTS IN HOSPITALITY MANAGEMENT – ONLINE/WEEKEND

APPLICATION FEE

<input type="checkbox"/> Check/Money Order attached	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
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SIGNATURE

I certify that all information in my application, including my Personal Statement, is my own work, factually true and honestly presented. I further understand that falsification or failure to supply the correct information may lead to the disqualification of my application for admission and/or registration.

SIGNATURE	DATE
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Application reviewed and approved by Enrollment Advisor		
NAME	SIGNATURE	DATE