



Undergraduate Admissions **APPLICATION**

D'Youville
COLLEGE



INSTRUCTIONS:

Carefully read and answer all items in detail.

Be sure to sign and date the application.

When complete, submit this free application to
D'Youville College Undergraduate Admissions.

Consider applying online for a faster response:

www.dyc.edu/apply

HIGH SCHOOL/FRESHMAN APPLICANTS

- Forward an **official** high school transcript with SAT and/or ACT test scores and class rank included (*if applicable*) to the address listed below. Students should contact their school counseling office for assistance.

SAT score code: 2197
ACT score code: 2732
- Letters of recommendation and personal essays are encouraged, but optional (*see page 8*), except for the physician assistant program (PA). PA applicants are required to submit the reference forms included in the departmental application. PA reference forms may be submitted at the time of application or mailed separately to the office of admissions at the address below.
- When complete, forward this application to your school counselor.

COLLEGE/TRANSFER APPLICANTS

- Forward **official** transcripts from all colleges/universities you are currently or have previously attended to the address listed below. Transfer applicants who have completed less than 12 credit hours at another institution are required to submit an official high school transcript.

FORWARD ALL CORRESPONDENCE TO:

Office of Admissions

D'Youville College
320 Porter Avenue
Buffalo, New York 14201
t: 716.829.7600
tf: 1.800.777.3921
f: 716.829.7900
e: admissions@dyc.edu
web: www.dyc.edu

INTERNATIONAL/FOREIGN APPLICANTS

- In addition to the application requirements, students who are citizens of countries other than the United States must also submit the **D'Youville College International Undergraduate Applicant Financial Form** (*this form may be obtained by contacting the office of admissions or by visiting www.dyc.edu/iso/docs/iso_financial_form.pdf*).
- Applicants who have attended secondary school, college or a university in any country other than the U.S. or Canada should have their transcript(s) interpreted and evaluated by an approved transcript evaluation service. Please visit www.dyc.edu/iso/admissions_checklist.aspx for a list of approved providers.
- International applicants are required to demonstrate English language proficiency. Please visit www.dyc.edu/iso/admissions_checklist.aspx for further details.

DIETETICS TRANSFER APPLICANTS

- Transfer applicants who have or expect to complete a Commission on Accreditation of Dietetics Education Didactic Program in Dietetics are required to submit their application material prior to March 1 in order to guarantee consideration for acceptance into the coordinated phase of the dietetics program. These applicants are required to complete this application and respond to option 2 in the essay section of page 8 of this application.

NURSING TRANSFER APPLICANTS

- Students intending to apply to the four-year BSN program should submit their applications prior to March 15 (*fall semester*) or November 15 (*spring semester*) to ensure consideration. Applications received after these dates will be considered on a space-available basis.

PHARMACY APPLICANTS

- Students who wish to apply to the professional phase of the Doctorate of Pharmacy program (*years 3-6*) should apply to D'Youville using the PharmCAS application only, available at www.pharmcas.org. Students applying to the undergraduate pre-pharmacy program should use this application.

PHYSICIAN ASSISTANT (PA) APPLICANTS

- All students who are applying to the PA program are required to submit a **PA Departmental Application** as well as this undergraduate application for admissions consideration. Students not in possession of the **PA Departmental Application** may contact the office of admissions or may visit our website: www.dyc.edu/apply. Applications must be completed by November 1 in order to receive consideration for the fall entry term.

TO ALL APPLICANTS

New York State law requires proof of immunization for measles, mumps, rubella and meningitis. To avoid delays, applicants should acquire this documentation as soon as possible and submit their records prior to orientation. To maintain confidentiality, students should forward this information *directly* to the health center and should *never include* medical records with any correspondence mailed to the college other than the health center itself. For more information, contact:

D'Youville College Health Center

320 Porter Avenue, Buffalo, NY 14201
t: 716.829.8777
f: 716.829.7646
e: healthcenter@dyc.edu

Consider applying online for a faster response: www.dyc.edu/apply

APPLICANT (PLEASE PRINT)

NAME (circle one: Mr., Ms., Miss, Mrs.)

Male Female

_____ *last* *first* *middle* *maiden (former)*

SOCIAL SECURITY (U.S.) or SOCIAL INSURANCE (Canadian)

Your number is required for financial aid processing and allows us to manage your application correctly and quickly. If you are an international student (excluding Canadians), please leave the answer blank.

PERMANENT ADDRESS

_____ *street* *city or town*

_____ *county* *state/province* *ZIP/postal code* *country*

MAILING ADDRESS (if different from above)

Available at this address until: _____/_____/_____
date

_____ *street* *city or town*

_____ *county* *state/province* *ZIP/postal code* *country*

CONTACT INFORMATION

E-mail address: _____

Secondary e-mail address: _____

Mobile number: (_____) _____

Home telephone: (_____) _____

Work telephone: (_____) _____

ENTERING SEMESTER

fall term/year: _____ spring term/year: _____

I will attend full time part time

I am applying as a/for: first time college freshman transfer student re-admission

If you are a New York state resident, do you wish to be considered for admission to D'Youville through the Arthur O. Eve Higher Education Opportunity Program (HEOP)? Visit the HEOP website at www.dyc.edu/academics/learning_center/heop.aspx Yes No

HOUSING PREFERENCE

living on campus commute

DATE OF BIRTH (include month, date and year) _____

COUNTRY OF BIRTH _____

CITIZENSHIP USA Canada Dual U.S./Canadian Other: _____

ALL NON-U.S. CITIZENS MUST COMPLETE THE FOLLOWING SECTION:

Will you require an F-1 student visa? Yes No

Are you a permanent resident of the United States? Yes No

Are you a permanent resident of Canada? Yes No

If you are NOT a permanent U.S. resident and you currently reside in the United States, please indicate your visa type _____

Non-U.S. citizens must provide the office of admissions with a copy of a valid passport and a current U.S. visa.

ARE YOU A VETERAN? Yes No *Veterans must submit a copy of their DD 214 Form in addition to this application form.*

ARE YOU A DEPENDENT OF SOMEONE WHO HAS SERVED IN THE U.S. ARMED SERVICES? Yes No

HAVE YOU BEEN DISMISSED AND/OR SUSPENDED FROM A COLLEGE FOR DISCIPLINARY OR ACADEMIC REASONS? Yes No
Even if you have never attended a college, a response is required. If answering "yes," please submit a written explanation in addition to this application form.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No
Answering "yes" will not necessarily disqualify you from being admitted to D'Youville. If answering "yes," please submit a written explanation in addition to this application form.

ACADEMICS

HIGH SCHOOL NAME _____ **DATE OF GRADUATION** _____

SCHOOL ADDRESS _____
street city state ZIP code

TELEPHONE NUMBER _____ **HIGH SCHOOL CEEB** *(if known)* _____

DATES OF TESTING *(please indicate month and year only of previous and future test dates):*

SAT	Date	Math	Critical Reading	Writing

ACT	Date	Composite Score

If applicable, please list any Advanced Placement or International Baccalaureate classes you've taken or plan to take while in high school.

International Applicants Only:

Test of English as a Foreign Language (TOEFL)

Date _____ Score _____ Anticipated Date to be taken _____

International English Language Testing System (IELTS)

Date _____ Score _____ Anticipated Date to be taken _____

For those who earned a GED diploma in place of a high school diploma:

GED Date _____ Composite Score _____

LIST ALL COLLEGES AND UNIVERSITIES YOU ARE CURRENTLY OR HAVE PREVIOUSLY ATTENDED, BEGINNING WITH THE MOST RECENT.

School	City/State	Dates	Completed Hours	Degree Earned (if any)

Transfer students:

HAVE YOU REGISTERED (OR EXPECT TO REGISTER) FOR COURSES AT OTHER INSTITUTIONS FOR WHICH YOU HAVE YET TO RECEIVE A FINAL GRADE? Yes No *If yes, where?* _____

MAJORS

Please check your choice of major (*one only*) from the boxes below and also list your choice here:

BUSINESS

- Accounting (BS)
- Accounting & International Business
(CPA Track: 5-year BS/MS)
- Accounting Information Systems (BS)
- International Business (5-year BS/MS)
- International Business/Information Technology (5-year BS/MS)
- Management (BS)

CHIROPRACTIC

- Doctor of Chiropractic (7-year BS/DC)

DIETETICS

- Dietetics (5-year BS/MS)
If you are a transfer applicant, do you expect to have completed a Commission on Accreditation of Dietetics Education (CADE) Didactic Program in Dietetics? Yes No

EDUCATION

- Liberal Studies for Education (Grades 1-6)
- 5-year combined BA/MS leading to NYS permanent certification
- Adolescent Education (Grades 7-12)
- 5-year combined BA/MS leading to NYS permanent certification. Students must select one of the following areas to certify in:
 - Biology Chemistry
 - English History
 - Math
- (Special Education certification is also available with this program.)

EXERCISE & SPORTS STUDIES

- Exercise & Sports Studies (BS)

HEALTH SERVICES

- Health Services Management (BS)

LIBERAL ARTS

- English (BA)
- Global Studies (BA)
- History (BA)
- Philosophy (BA)
- Psychology (BA)
- Sociology (BA)

MATH & NATURAL SCIENCES

- Biology (BA)
- Biology (BS)
- Chemistry (BS)
- Mathematics (BA)
- Mathematics (BS)

NURSING

 (Note - See page 2 for application information.)

- B.S.N. (4-year)

FOR REGISTERED NURSES ONLY

Applicant must hold a Registered Nurse (RN) License.

Please provide RN license #: _____

- R.N. to B.S.N.
- R.N. to B.S.N./M.S. (Choice of Clinical Focus)
- R.N. to B.S.N./M.S. in Community Health Nursing
- R.N. to B.S.N./M.S. in Family Nurse Practitioner

OCCUPATIONAL THERAPY

- Human Occupation + Occupational Therapy (5-year BS/MS)

PHYSICAL THERAPY

- Physical Therapy (6-year BS/DPT)
Note -Candidates must select one of the following prerequisite majors:
 - BS in Biology
 - BS in Exercise & Sports Studies
 - BS in Health Services

PHYSICIAN ASSISTANT

- Physician Assistant (5-year BS/MS)
(Note - PA Departmental Application is also required, please see page 2 for application information.)

PRE-PROFESSIONAL

- Pre-Dental
- Pre-Law**
- Pre-Medical
- Pre-Pharmacy***
- Pre-Veterinary

** Pre-Law students may major in any of D'Youville's degree offerings.

From the majors listed on this page, please check-off the one major you wish to pursue as a pre-law student.

***See page two for more information

UNDECIDED

- Career Discovery Program

ATHLETICS

Please have a coach contact me about:

MEN's:

- baseball
- basketball
- club hockey
- co-ed golf
- cross-country
- soccer
- tennis
- volleyball

WOMEN's:

- basketball
- co-ed golf
- crew
- cross-country
- soccer
- softball
- tennis
- volleyball

FAMILY

Applicants who have been in high school within the last four years must complete the following section.

PARENT 1 _____
last name *first name* *middle*

Current Address _____

Phone _____
telephone including area code

Occupation and Employer _____ D'Youville Graduate: No Yes _____
year graduated

Relation to student _____

PARENT 2 _____
last name *first name* *middle*

Current Address _____

Phone _____
telephone including area code

Occupation and Employer _____ D'Youville Graduate: No Yes _____
year graduated

Relation to student _____

Did either of your parents graduate from a four-year college? Yes No

Do you have any other family member who is an alum of D'Youville College? Yes No

If yes, please provide name, year graduated _____

Do you have any family member who is currently employed at D'Youville College? Yes No

If yes, please provide name and position with D'Youville: _____

THE FOLLOWING INFORMATION IS REQUESTED AT THE DIRECTION OF THE U.S. DEPARTMENT OF EDUCATION. RESPONDING TO THESE QUESTIONS IS VOLUNTARY.

Are you Hispanic/Latino? Yes No

Please indicate your racial or ethnic origin.

- Native American Indian or Alaskan Native
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- White
- Other (please indicate) _____

MISCELLANEOUS

EMPLOYMENT RECORD (if applicable) Please list any related work experience you may have had beginning with your most recent job.

Position	Employer	City/State	Inclusive Dates
1.			
2.			
3.			

LIST ANY OTHER COLLEGES OR UNIVERSITIES TO WHICH YOU HAVE APPLIED:

1.	4.
2.	5.
3.	6.

In order of importance to you, **LIST EXTRACURRICULAR AND COMMUNITY ACTIVITIES** in which you have participated and independent projects which you have undertaken. Also, list special recognition you have received for academic achievement and extra-curricular activities (use a separate sheet, if necessary).

Organization	School Name (if applicable)	Role or Title
1.		
Date Started	Date Ended	Hours per Week
Organization	School Name (if applicable)	Role or Title
2.		
Date Started	Date Ended	Hours per Week
Organization	School Name (if applicable)	Role or Title
3.		
Date Started	Date Ended	Hours per Week
Organization	School Name (if applicable)	Role or Title
4.		
Date Started	Date Ended	Hours per Week
Organization	School Name (if applicable)	Role or Title
5.		
Date Started	Date Ended	Hours per Week

ESSAY & RECOMMENDATIONS

Completion of the essay is highly recommended. The essay is considered to be an important part of the college application. The insight provided within your response can help the admissions committee review your application better and achieve a higher level of understanding of what makes you a unique applicant. While this essay is not required at this time, we may require you to submit an essay at a later time in order for us to complete your application review.

Please choose one of the following topics. Essays should not exceed 500 words.

1. What experiences influenced you to apply to D'Youville College?
2. What factors motivated you to pursue your intended major? *(Required of some transfer applicants to the dietetics program. Please see page 2 for details.)*
3. What experience in your past has shaped you into the person you are today? Describe the experience and how it has impacted your life.

NOTE: Physician assistant program applicants are only required to complete the essay responses found in the PA departmental application.

RECOMMENDATIONS

Letters of recommendation are always welcome and may be submitted at the time of application or mailed under separate cover to the office of admissions at the address below. Letters of recommendation may come from instructors, academic advisors, counselors, coaches, employers or others who can speak for your academic abilities as well as character.

TRANSCRIPT & TEST SCORE SUBMISSION

Official transcripts and test scores should be forwarded to:

Office of Admissions

D'Youville College
320 Porter Avenue
Buffalo, New York 14201
t: 716.829.7600
tf: 1.800.777.3921
f: 716.829.7900
e: admissions@dyc.edu
web: www.dyc.edu

SAT score code: 2197

ACT score code: 2732

SIGNATURE

I CERTIFY THAT THE INFORMATION LISTED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature _____
(Application cannot be processed without student's signature.)

Date _____