

Please print all information.

_____		_____
		DATE
_____	_____	_____
FULL NAME	GENDER	STUDENT ID #
_____	_____	_____
MAILBOX #	CAMPUS PHONE / CELL PHONE	ADVISOR
_____	_____	_____
EXPECTED DATE OF GRADUATION	DATE & PLACE OF BIRTH	MAJOR/S
_____	_____	_____
PASSPORT #	PASSPORT EXPIRATION DATE / PLACE OF ISSUE	MINOR/S
_____	_____	_____
CITIZENSHIP	G.P.A.	SOCIAL SECURITY NUMBER
_____	_____	_____

Parents or Legal Guardian

Name/s _____

Permanent Address _____

City, State, Zip _____

Permanent Phone _____

ACADEMIC LEVEL WHEN YOU

BEGIN THE PROGRAM

(Check one)

Freshman	<input type="checkbox"/>
Sophomore	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Senior	<input type="checkbox"/>

ETHNICITY/RACE

(Check one)

American Indian or Alaskan Native	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>
White/Caucasian/Non-Hispanic	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
African-American/Non-Hispanic	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>

THE FOLLOWING INFORMATION IS OPTIONAL BUT WILL HELP AS WE MAKE ARRANGEMENTS FOR INTERNSHIPS, CLASSROOMS, FIELD TRIPS, & HOUSING. ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE UNLESS GIVEN PERMISSION BY YOU.

PLEASE CIRCLE ONE OF THE FOLLOWING CHOICES REGARDING DISABILITIES.

- A. NO DISABILITY
- B. DISABILITY (INCLUDES PHYSICAL, HEARING, VISION, MENTAL, CHRONIC HEALTH-RELATED, LEARNING, MULTIPLE & OTHER DISABILITIES)

IF YOU CIRCLED DISABILITY ABOVE, PLEASE CIRCLE ANY THAT APPLY.

- A. SENSORY DISABILITY (HARD OF HEARING, DEAF, LOW VISION, BLIND, OR DEAFBLIND)
- B. PHYSICAL DISABILITY (AMPUTEE, CEREBRAL PALSY, PARAPLEGIA, SPINA BIFIDA, WHEELCHAIR, ETC.)
- C. MENTAL DISABILITY (ANXIETY DISORDER, BIPOLAR DISORDER, DEPRESSION, SCHIZOPHRENIA, ETC.)
- D. ATTENTION DEFICIT DISORDER OR LEARNING DISABILITY (DYSLEXIA, AUDITORY PROCESSING DISORDER, ETC.)
- E. OTHER DISABILITY (E.G., BRAIN INJURY, SPEECH IMPEDIMENT, HEALTH-RELATED DISABILITY, AUTISM, ETC.)

ESSAY

On a separate paper write a one to two paged type document (500 to 1,000 words) addressing why you want to study in this program and why you believe you are a good candidate for the program. Your response must answer some, but not all, of the following questions:

- What drives your interest to participate in the D.C. Semester?
- What life experiences have you had to contribute to your knowledge of Washington, D.C. and the unique culture of the city?
- How will studying in this program contribute to your personal, academic or career goals?

As a Cedarville University student I understand that I represent the university and my fellow students. If accepted into this program, I agree to abide by the conduct policies as stated in the student handbook.

Signature _____