

FERRIS STATE UNIVERSITY

Application for Admission/Big Rapids Campus

Section A

Office of Admissions, CSS 201, 1201 S State St. Big Rapids, MI 49307-2747
Phone: 231-591-2100 or 1-800-433-7747

Include \$30 application fee.

1. Name (Legal): _____
Last First Middle
2. Address: _____
Number & Street City State Zip County
3. Home Phone: (____) _____ 4. E-mail: _____ Cell Phone: _____ May we text message you? Yes No
- Parent: First Name _____ Last Name _____ Parent E-mail: _____
- *5. Applicant Social Security #: _____ - _____ - _____ 6. Date of Birth: _____ *7. Male Female

(If you wish to receive Federal Tax Credit, financial aid (scholarships, Federal aid, etc.) or wish to work on campus, your Social Security number is needed. It will not be used as your student identification number.)

8. Citizenship? U.S. _____ Other (please designate): _____ Visa Type: _____ Birth Country: _____
9. Michigan Resident? Yes No If "Yes," how long? ____ Years ____ Months 10. Veteran? Yes No
- *11. Do you consider yourself to be Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

*12. Select one or more of the following race categories:

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and maintains cultural identification through tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

13. Name of emergency contact: _____
First Middle Last
Address: _____
Number & Street City State Zip Phone Number: (____) _____
14. Has a member of your family graduated from Ferris State? Yes No _____
Name/Relationship/Graduation Year
15. **Specific academic program you prefer to enter:** _____ Undecided (Career Exploration)
16. Semester I plan to enter: 20____ Fall Spring Summer
17. (a) Last high school attended: _____ Date of Graduation: _____
Name City State Month/Year
- (b) Career Technical Center: _____
Name City State
18. Name of hometown newspaper: _____ City: _____ State: _____

MISCONDUCT INFORMATION – Please note that a prior criminal misconduct will not automatically result in denial of your application for admission.

19. Have you ever:
- a) For disciplinary reasons, been expelled, suspended for a week or longer, placed on disciplinary probation, or been subject to any other disciplinary action at **any** college or university (including Ferris) you have attended?
- b) Been convicted, plead guilty, no contest or *nolo contende* to a misdemeanor offense(s)?
- Yes No
20. Have you ever been convicted, plead guilty, no contest or *nolo contende* to a felony offense(s)?
- Yes No

If you answered "yes" to Question #19 and/or #20, you must provide a written explanation regarding the incident(s) or misconduct behavior. Please give the approximate date of each incident, explain the circumstances, including all elements of sentencing (to include fines, periods of jail/prison, parole or probation.)

- Please email your explanation to: bulldogtalk@ferris.edu
- Be advised that Ferris State University will obtain a criminal history background check for the purposes of determining your eligibility of admission to the University. Falsification or omission of information on the admissions application will result in an immediate denial of admission.
- The University may ask for further information from you, regarding your history, to aid in determining whether you should be admitted into Ferris State University and whether certain academic programs should be avoided by you due to your criminal history.

21. List in chronological order all colleges and universities you have attended or are now attending. **All official transcripts must be submitted even if no credit was earned.** Failure to provide full information may result in disqualification or dismissal.

Name of Institution	City	State	Month/Year	Month/Year	Degree Earned
_____	_____	_____	_____	to _____	_____
_____	_____	_____	_____	to _____	_____
_____	_____	_____	_____	to _____	_____
_____	_____	_____	_____	to _____	_____

By my signature, I certify that all the answers I have given on this application, and the essay responses, are complete and accurate to the best of my knowledge. I understand that falsification or omission of information or credentials may be cause for refusal of admission, cancellation of admission, or suspension or dismissal from the University if discovered subsequently. I also understand that I have a continuing obligation to notify the University of a change in my circumstances that would have resulted in a different response to the above questions. Failure to update the University about my change in circumstances may result in the same sanctions as apply to a misrepresentation of the facts originally stated in the application. If admitted, I agree to become knowledgeable about the rules and regulations of Ferris State University and abide by them.

Signature of Applicant: _____ Date: _____

**Voluntary: Information gathered will be used for compiling institutional data. It will be kept confidential and WILL NOT be used as a factor in the admissions process. Failing to provide this information will not result in any adverse treatment of the applicant.*

Section B – Former Students Only

When were you last enrolled at Ferris? _____
Month/Year

Have you attended other colleges since your last enrollment at Ferris? Yes No

If yes, complete the following and submit an official transcript from each college attended.

Name of School	Location	Month/Year	to	Month/Year	Diploma or Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Scholastic and personal record to be completed by principal or counselor.

Please attach a copy of the student's record. If all information listed below appears on high school transcript, only a signature is required.

1. Student's Legal Name _____ Birthdate _____

2. Secondary School _____ Telephone () _____

3. Will Graduate _____ Graduated _____ Withdrew _____
Date Date Date

4. Rank (Class Number in Class) _____ Grade Point Average _____ For _____ Semesters
(converted to 4.0 scale)

5. Please list the names of any colleges applicant may have attended _____

6. Please attach a copy of the student's record that also includes the student's Educational Development Plan (EDP).

7. Comments: _____

8. Signature _____ Position _____ Date _____