

# The College of New Rochelle

Freshman Application for Admission

---

## **Personal Information** *Please type or print clearly*

Name: \_\_\_\_\_  
Last First Middle Maiden

Preferred Name \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address Apartment or Unit

City State/Providence Zip Country  
Please Select State or Providence \_\_\_\_\_

Mailing Address if different than above

Address \_\_\_\_\_  
Street Address Apartment or Unit

City State/Providence Zip Country

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If international, please indicate country code \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate the primary language spoken at home \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Female  Male

**Citizenship** I am a:  US Citizen  Permanent Resident  Non Resident Alien

Permanent Resident Number \_\_\_\_\_ Country of Citizenship

If you are a Non Resident Alien, please indicate the type of Visa you hold. \_\_\_\_\_

Are you a veteran  Yes  No

---

---

## Program Information

I will be a

- Freshman (first year student under 24 earned college credits)
- Transfer (24 and over earned college credits)
- Adult (**age 21 or older**, no prior college experience needed)
- RN-BSN (obtained RN license wish to acquire a Baccalaureate Degree in Nursing)
- Second Degree (previously awarded a baccalaureate degree from an accredited college or university)

Please select the CNR School you would like to attend

\_\_\_\_\_

Year of Entry \_\_\_\_\_ Semester of Entry \_\_\_\_\_

I will attend  Full-time student  Part-time student

Have you previously applied to CNR?  Yes  No

Year of Previous Application \_\_\_\_\_

School to which you previously applied \_\_\_\_\_

---

---

## Academic Information

Year of high school graduation \_\_\_\_\_

### High School #1

High School Code \_\_\_\_\_

High School Name \_\_\_\_\_

High School Address \_\_\_\_\_

Street Address

City

State

Zip Code

Guidance Counselor's Name \_\_\_\_\_

Please indicate your estimated high school grade point average (100 point scale) \_\_\_\_\_

**High School #2**

High School Code \_\_\_\_\_

High School Name \_\_\_\_\_

High School Address \_\_\_\_\_  
Street Address                      City                      State                      Zip Code

Guidance Counselors Name \_\_\_\_\_

Please indicate your estimated high school grade point average (100 point scale) \_\_\_\_\_

**High School Activities**

Please describe any extracurricular or volunteer activities you participated in during high school

Did you earn any college credits while in high school     Yes  No

College Code \_\_\_\_\_

College/University Name \_\_\_\_\_

College/University Address \_\_\_\_\_  
City    State    Zip Code

How many credits did you earn? \_\_\_\_\_

---

---

**Test Scores**

**Date of SAT Test** \_\_\_\_\_

SAT Critical Reading \_\_\_\_\_

SAT Math Score \_\_\_\_\_

SAT Writing Score \_\_\_\_\_

SAT Composite Score \_\_\_\_\_

**Date of SAT Test** \_\_\_\_\_

SAT Critical Reading Score \_\_\_\_\_

SAT Math Score \_\_\_\_\_

SAT Writing Score \_\_\_\_\_

SAT Composite Score \_\_\_\_\_

**Date of SAT Test** \_\_\_\_\_

SAT Critical Reading Score \_\_\_\_\_

SAT Math Score \_\_\_\_\_

SAT Writing Score \_\_\_\_\_

SAT Composite Score \_\_\_\_\_

ACT Composite Score \_\_\_\_\_

AP or IB Test

Name \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

### **Essay Question**

---

---

## **College Plans**

I plan to:

Live on campus \_\_\_\_\_

Commute from home \_\_\_\_\_

### **Areas of Academic Interest**

The College of New Rochelle offers a variety of areas of study including pre-professional programs and a Teacher Certification Program. In addition to the areas of academic interest, you can also choose from among of our pre-professional programs - such as pre-law, pre-med or pre-physical therapy, or the Teacher Certification options that interest you.

Area of Interest #1 \_\_\_\_\_

Area of Interest #2 \_\_\_\_\_

Area of Interest #3 \_\_\_\_\_

### **Pre-Professional Programs**

Pre-professional programs are coordinated with academic areas of study. Please select a major as well.

\_\_\_\_\_

### **Teacher Certification Program**

CNR offers a Teacher Certification program leading to initial certification in Childhood Education (grades 1-6) and Adolescence Education (grades 7-12). The option for dual certification is also available.

Certification option #1 \_\_\_\_\_

Certification option #2 \_\_\_\_\_

Certification option #3 \_\_\_\_\_

### **Extracurricular Activities**

Please indicate any activities in which you would like to participate

Black Ice – Step Team

Black Student Union

Campus Ministry

Drama Society – CNR Drama

Environmental Club – W.I.L.D.E.

Gospel Choir

Latin American Women’s Society

Literary/Art Magazine – Phoenix

Spectrum

Montage Media Production

Newspaper – Tatler

Student Nurses Association

Peer Ministry

Science and math Society

Snow Angels – Ski & Snowboard Club

Student Government Association

- Volunteer Work
- Yearbook – Annales
- Psyche-Psychology Club
- Fly Angels Dance Team
- Fine Arts Club
- Class Boards

**Please indicate any sports in which you would like to participate**

- Basketball
- Cross Country
- Softball
- Swimming
- Tennis
- Volleyball
- Cheerleading

Have you spoken with one of our admission counselors? \_\_\_\_\_

**Parent Information**

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Apartment or Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Apartment or Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If you would like your parents to receive information about The college of New Rochelle, please provide mail their email address \_\_\_\_\_

## Honor Statement

I declare that the information provided in my application for admission to the College is true and complete. I understand that failure to provide true or complete information may result in the rejection of my application or withdrawal of offer of admission. If accepted, I agree to comply with the rules and regulations of The College of New Rochelle.

---

Signature

Date

### Optional

The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, please complete question 2 as well. This information is for statistical purposes only.

Question 1 Are you Hispanic or Latino?  Yes  No

(Hispanic is defined as any person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

### Question 2

Please select the racial category or categories with which you most closely identify.

American Indian or Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander

Black or African American  White  Don't know/Decline to answer

Do you plan to file for Financial Aid?  Yes  No

For further information, write or call:

The Office of Admission  
The College of New Rochelle  
New Rochelle, NY 10805-2308  
914-654-5452  
800-933-5923  
E-mail: [admission@cnr.edu](mailto:admission@cnr.edu)/Web site: [www.cnr.edu](http://www.cnr.edu)

*The College of New Rochelle does not discriminate on the basis of sex, race, color, national or ethnic origin, sexual orientation, disability, or age in the educational programs which it conducts or in its employment policies, practices, and procedures. (However, the undergraduate program for women in the School of Arts and Sciences, a traditional and continuous single-sex program, will continue to restrict admission to women, as permitted under Federal law.) The College of New Rochelle complies with all pertinent State and Federal regulations concerning affirmative action, non-discrimination, and equal employment opportunity.*