

Emergency Contact Information:

Name *(Please Print)*

Last _____	First _____
Address _____	City _____
State _____	Zip Code _____
Telephone _____	Email _____
Relationship to student _____	

Last _____	First _____
Address _____	City _____
State _____	Zip Code _____
Telephone _____	Email _____
Relationship to student _____	

Disciplinary History:

Have you ever been convicted of, or are you currently charged with, a criminal offense of any kind, other than a simple traffic violation? Yes No

Have you ever been suspended, expelled, or evicted from or denied student housing in a secondary or post-secondary educational institution? Yes No

If you answer yes to these questions, additional information may be requested.

A \$50 Application Fee Must Accompany This Form. *Do not send cash through the mail.*

Certification of Information

By my signing below I certify to the best of my knowledge that the information contained in this application is true and complete. I understand that I am responsible for tuition and fees. I give Berkeley College permission to contact me.

Signature of Applicant _____	Date _____
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Berkeley College reserves the right to add, discontinue, or modify its programs and policies at any time. Modifications subsequent to the original publication of this information may not be reflected here. For the most up-to-date information, please visit BerkeleyCollege.edu. For more information about Berkeley College graduation rates, the median debt of students who completed programs, and other important disclosures, please visit BerkeleyCollege.edu/disclosures.

BERKELEY COLLEGE
Central Admissions Office
PO Box 440
Little Falls, NJ 07424

Find out more: 800-446-5400, ext. P36 • BerkeleyCollege.edu • info@BerkeleyCollege.edu

Berkeley College does not discriminate on the basis of gender, race, color, creed, national origin, age, ancestry, disability, marital status, or veteran status.

Application for Admission



BerkeleyCollege.edu • info@BerkeleyCollege.edu

To apply for enrollment, print all information on this application form and return it with a non-refundable application fee of \$50, or you may visit the Berkeley College website at BerkeleyCollege.edu to apply online. Please complete both sides of this form. The processing of your application may be delayed if any items are incomplete.

Please check desired status:

Full-Time Part-Time Day Evening/Weekend Transfer Candidate Online Learning

Name *(Please Print)*

Male Female Date of Birth (Optional) _____

Last _____	First _____	Middle _____
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Maiden Name _____	Former Last Name _____
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Address *(Include Apt. No.)* _____

City _____	State _____	Zip Code _____
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County _____	Telephone _____
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Cell Phone _____	Work Phone _____
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Email _____

Are you a transfer student? Yes No

Are you a member of the Military/Veteran? Yes No

Are you applying through SOC/NAV? Yes No

Are you applying through Corporate Learning Partnership? Yes No

Social Security Number | | | - | | | - | | | | |

Berkeley location you wish to attend:

New York:

New Jersey:

New York City Brooklyn White Plains Newark Paramus Woodbridge Woodland Park

Online: Berkeley College Online™

Quarter you wish to enter Berkeley: July September January April Year _____

Do you intend to live on-site? Yes No

Are you eligible for Tuition Reimbursement? Yes No

Employer _____

Address _____

List below the high schools/colleges you attended

High School	Complete Address	Dates Attended	Date of Graduation
College	Complete Address	Dates Attended	Date of Graduation

Bachelor of Business Administration Degree Programs (B.B.A.) New York Locations

- Accounting
- Business Administration - *Information Systems Management*
- Business Administration - *Management*
- Business Administration - *Marketing*
- Fashion Marketing and Management
- Financial Services
- General Business
- Health Services Management
- International Business
- Management
- Marketing Communications*

Bachelor of Science Degree Programs (B.S.) New Jersey Locations

- Accounting
- Business Administration
- Fashion Marketing and Management
- Financial Services
- Health Services Management
- Information Technology Management*
- Interior Design Management †
- International Business
- Management
- Management - *Entrepreneurship*
- Management - *Environmental Management*
- Management - *Human Resources Management*
- Management - *Nonprofit Management*
- Marketing
- Marketing Communications*

Associate Degree Programs

- Business Administration - *Accounting*
- Business Administration - *Information Systems Management*
- Business Administration - *Management*
- Business Administration - *Marketing*
- Fashion Marketing and Management
- Financial Services
- Health Services Administration
- Health Services Administration - *Medical Insurance, Billing, and Coding*
- Information Technology Management*
- Interior Design †
- International Business, A.S. Degree
- International Business, A.A.S. Degree
- Marketing Communications*
- Justice Studies - *Criminal Justice*
- Paralegal Studies †

† Not Offered Online.

* Program availability subject to regulatory approval.

Not all programs are offered at all locations.

Non-Matriculated

Bachelor of Fine Arts Degree Programs (B.A.) Paramus Location

- Interior Design †

Optional Information

This information will be used for statistical purposes only and will not be used as part of the acceptance process. You are not required to furnish this information but are encouraged to do so.

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaskan Native

Black or African American

White

Asian

Native Hawaiian or Pacific Islander

Are you a U.S. citizen? Yes No

Are you a permanent resident? Yes No

Are you on a visa? Yes No

If yes, which type? _____

How did you hear about Berkeley? _____

Have you visited Berkeley? Yes No

If so, date? _____

Name of Berkeley representative you interviewed with? _____

Have you applied to Berkeley previously? Yes No

Request for Transcript

Upon receipt of your application, the Committee on Admission will request a copy of your scholastic record from your high school. Please be sure to sign the transcript request.

I hereby request the Guidance Department of my high school to send my transcript to Berkeley College.

Please print

Name (while in high school) _____

Name (if different from above) _____

Current Address _____ City _____ State _____ ZIP _____

Telephone _____ Email _____

Date of Birth _____ Social Security Number | | | - | | - | | | | |

High School _____ School Counselor _____ Year Graduated _____

Thank you for your prompt response to this request.

Signature _____ Date _____

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