

# EASTERN CONNECTICUT STATE UNIVERSITY SCHOOL OF CONTINUING EDUCATION

## NEW STUDENT CHECKLIST

### APPLYING FOR PART-TIME ADMISSION

- Part-time students must register for fewer than 12 credits.
- Submit your "Application for Part-Time Admission" to the Office of Admissions with the \$50.00 non-refundable application fee.
- Request that your official high school and college (stamped with raised university seal) transcript(s) be sent directly to the Office of Admissions, ECSU, 83 Windham Street, Willimantic, CT 06226-2295.  
Telephone: (860) 465-5286.
- If applicable, please request official CLEP/DSST transcript(s) or military documentation.
- Please note all former last names on your application.

### FINANCIAL AID (OPTIONAL)

- Submit the Free Application for Federal Student Aid (FAFSA) to the designated processing center. Title IV school code is 001425.
- You can also apply for aid via the Internet at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- Submit the ECSU Financial Aid Application to the ECSU Financial Aid Office located in the Alvin B. Wood Support Services Center. Telephone: (860) 465-5205.
- Veterans should contact the Office of Veteran's Affairs for assistance. Telephone: (860) 465-4434.

### PLACEMENT EXAMS

- If you have not successfully completed a college-level composition course, take the Writing Placement Exam upon advisor recommendation.
- If you have not successfully completed a college-level mathematics course, take the Mathematics Placement Exam upon advisor recommendation.
- Placement test dates are listed in your semester course bulletin.

You do not have to be admitted to Eastern in order to take the placement exams. Please note that you may take the placement exams anytime prior to registering for writing or mathematics course(s). Please contact the Academic Advisement Center to schedule an exam appointment. Telephone: (860) 465-5197.

### REGISTERING FOR COURSES

You do not need to be admitted to register for a course.

- Review the School of Continuing Education course schedule booklet carefully. This booklet lists all the courses being offered in the current semester after 4 pm and on Saturdays. *It is not a complete listing of all of Eastern's courses. You may also visit [www.easternct.edu/ce](http://www.easternct.edu/ce).*
- If a recommended course is not available at a convenient time or if you prefer another option, please do not hesitate to contact your Continuing Education advisor at (860) 465-5125.
- Once you have selected your courses, complete the registration form, on the inside back page.
- There are four options available to register for courses at Eastern:

**By Web:** Login to E-Web at <http://eweb.easternct.edu> using your Eastern ID and PIN.

**By fax:** Fax your completed registration with your credit card information to (860) 465-4382.

**By mail:** Mail in your completed registration form with payment to the Registrar's Office, ECSU, Alvin B. Wood Support Services Center, 83 Windham Street, Willimantic, CT 06226-2295. You will receive a confirmation in the mail.

**In Person:** Refer to the semester course booklet for registration dates and times. The Registrar's Office is located in the Alvin B. Wood Support Services Center.  
Telephone: (860) 465-5224.

*(continued on next page)*

## AFTER REGISTERING FOR COURSES, REMEMBER TO GET THE FOLLOWING

- Books and Supplies:** Visit [www.ecsu.bkstore.com](http://www.ecsu.bkstore.com) to order books online. You can make arrangements to have books for off-campus courses shipped to you via UPS.  
Telephone: (860) 465-5283.
- Student I.D. Card:** You will need your student ID to use the library, sports center, swimming pool, and other services. You may obtain your I.D. card in the Card Services Office located in the Alvin B. Wood Support Services Center. Bring proof of University registration (schedule) and a photo I.D. with you. Students at the Groton Center should see the center coordinator in order to arrange for an I.D. card.  
Call for hours: (860) 465-5060; Groton (860) 446-9457.
- Parking Permit:** A permit is required to park on campus. Go to the University Police Office at 264 High Street with your valid driver's license, the vehicle registration, and proof of University registration (schedule).  
Telephone: (860) 465-5310.
- Computer Account:** A computer account is established for you when you register. To activate your account, go to the Computer Lab in Webb Hall, Room 410 with your student I.D. To access your account remotely, visit [http://www.easternct.edu/portall/account\\_info.pdf](http://www.easternct.edu/portall/account_info.pdf) and [http://www.easternct.edu/portall/passport/accounts/account\\_info.htm](http://www.easternct.edu/portall/passport/accounts/account_info.htm)  
Telephone: (860) 465-4619.
- Don't forget to check in with your advisor periodically!**

**Questions?** School of Continuing Education  
(860) 465-5125 or  
Toll free: (877) 353-EASTERN  
[www.easternct.edu/ce](http://www.easternct.edu/ce)

**Please send completed, signed applications to:**

Office of Admissions and  
Enrollment Management  
Eastern Connecticut State University  
83 Windham Street  
Willimantic, CT 06226-2295  
U.S.A.

# EASTERN CONNECTICUT STATE UNIVERSITY APPLICATION FOR PART-TIME ADMISSION

\$50 Application  
Fee Paid

**LEGAL NAME**

Social Security Number \_\_\_\_\_ Student ID Number, if known \_\_\_\_\_

Last Name \_\_\_\_\_ Former Last Name(s) (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth (month, day, and year) \_\_\_\_\_

Is this your first application to Eastern CT State University?  Yes  No **IF "NO"** Approx. date of previous application \_\_\_\_\_

**PERMANENT MAILING ADDRESS**

No. and Street (leave space between number and street) \_\_\_\_\_ No. of years at present address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  
Telephone Number (Day) \_\_\_\_\_ Telephone Number (Evening) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**INTERNATIONAL STUDENTS ONLY**

Country of Residence \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

**Mark correct box with (X)**

SEX	CITIZENSHIP	TYPE OF APPLICATION	APPLYING FOR	SEMESTER	YEAR	FINANCIAL AID REQUESTED	MARITAL STATUS	MILITARY	ETHNIC GROUP
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F-1 Student Visa <input type="checkbox"/> F-2 Student Dependent Visa <input type="checkbox"/> J-1 Scholar Visa <input type="checkbox"/> Other Visa Status, please specify _____	<input type="checkbox"/> Freshman/1st time <input type="checkbox"/> Transfer (from other college) <input type="checkbox"/> Application for Readmission (previously attended Eastern)	<input type="checkbox"/> Part-time Continuing Education (less than 12 credit hours per semester)	<input type="checkbox"/> Fall (Sept.) <input type="checkbox"/> Spring (Jan.)	20__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Active? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Branch <input type="checkbox"/> U.S. Vet.? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Branch	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White/Non-Hispanic

**STUDENT EDUCATION INFORMATION**

Name of High School \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_ High School CEEB Code \_\_\_\_\_

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

If you are not a high school graduate, have you received a General Education Diploma (GED)?  No  Yes

Date Received \_\_\_\_\_ Test Center Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**OFFICIAL USE ONLY DO NOT WRITE IN THIS BLOCK**

FOR LANG MET	SATV	SATM	TOEFL	H.S. Rank	ADM RECS	MAJOR	ADM RATE
YES   NO				_____ of _____			
Date	Date	Date	Date				

# TRANSFER STUDENTS

Have you previously attended any school(s)/college(s) after completing high school?  Yes  No

Do you intend to transfer credits to ECSU?  Yes  No

If known

List in chronological order, with most recent first:

College Name	City, State	Dates Attended	Degree	CEEB Code
College Name	City, State	Dates Attended	Degree	CEEB Code
College Name	City, State	Dates Attended	Degree	CEEB Code
College Name	City, State	Dates Attended	Degree	CEEB Code
College Name	City, State	Dates Attended	Degree	CEEB Code

**Please note:** You must submit all college transcripts to the Office of Admissions for review.

College Currently Attending	Address	CEEB CODE
Major	Dates Attended	
Credits Earned	Credits In Progress	Expected Graduation Date

## Courses in progress

Course Name	Course #	Course Name	Course #
Course Name	Course #	Course Name	Course #

# ACADEMIC MAJORS

## CHOOSE YOUR EDUCATIONAL PROGRAM AT ECSU

### ASSOCIATE DEGREE PROGRAM

Associate in Science (AS)

### BACHELOR DEGREE PROGRAMS

**PLEASE CHECK ONE BOX ONLY**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting                               | <input type="checkbox"/> English                          | <input type="checkbox"/> Physical Education                     |
| <input type="checkbox"/> Biology                                  | <input type="checkbox"/> English/American Studies         | <input type="checkbox"/> Political Science                      |
| <input type="checkbox"/> Biochemistry                             | <input type="checkbox"/> Environmental Earth Science      | <input type="checkbox"/> Psychology                             |
| <input type="checkbox"/> Business Administration                  | <input type="checkbox"/> General Studies Degree Program** | <input type="checkbox"/> Secondary Education (Pre)***† (7-12)   |
| <input type="checkbox"/> Business Information Systems             | <input type="checkbox"/> History                          | <input type="checkbox"/> Social Work (Pre)*                     |
| <input type="checkbox"/> Communication                            | <input type="checkbox"/> History/American Studies         | <input type="checkbox"/> Sociology and Applied Social Relations |
| <input type="checkbox"/> Computer Science                         | <input type="checkbox"/> History and Social Science       | <input type="checkbox"/> Spanish                                |
| <input type="checkbox"/> Early Childhood Education (Pre)*** (N-3) | <input type="checkbox"/> Individualized Major             | <input type="checkbox"/> Sport and Leisure Management           |
| <input type="checkbox"/> Economics                                | <input type="checkbox"/> Mathematics                      | <input type="checkbox"/> Visual Arts                            |
| <input type="checkbox"/> Elementary Education (Pre)*** (K-6)      | <input type="checkbox"/> Performing Arts                  | <input type="checkbox"/> Undecided/Undecided                    |

## IMPORTANT NOTES

\* To be officially declared a social work major, a student must apply and be admitted into the program in the second semester of the second year (or 45 credits) and must meet department admission requirements.

\*\* Available only to students 25 years of age or older.

\*\*\* Education majors must also select a liberal arts major. To be officially accepted into the education major, students must apply and be accepted to the Education Department in the sophomore year.

† Secondary Education Certification is available in Biology, English, History and Social Studies, Earth Science and Math.

# EMPLOYMENT INFORMATION (please attach résumé, if available)

Employer \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

## PARENT/GUARDIAN/SPOUSE INFORMATION (OPTIONAL)

### Family Data

Relationship	Name (Last, First, Middle Initial)	Occupation	Did your parents/guardian/spouse complete requirements for a bachelor degree? If "yes", what college?
<input type="checkbox"/> Father <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No College _____
Address: _____			
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No College _____
Address: _____			
Spouse (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No College _____

### PLEASE CHECK THE MOST IMPORTANT FACTOR THAT ATTRACTED YOU TO ECSU:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Tuition Cost             | <input type="checkbox"/> Location                | <input type="checkbox"/> Academic Program     | <input type="checkbox"/> Extracurricular Activities |
| <input type="checkbox"/> Financial Aid            | <input type="checkbox"/> Reputation              | <input type="checkbox"/> Internship Program   | <input type="checkbox"/> Quality of Faculty         |
| <input type="checkbox"/> Liberal Arts Orientation | <input type="checkbox"/> Academic Support System | <input type="checkbox"/> Housing Availability | <input type="checkbox"/> Athletic Program           |
| <input type="checkbox"/> Career Focus             | <input type="checkbox"/> Campus Visit            | <input type="checkbox"/> Other: _____         |   |

To what other colleges have you applied?

College CEEB Code

_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

### HOW DID YOU FIRST LEARN ABOUT ECSU? (please check one)

- |   |   |   |   |                                    |                                 |
|---|---|---|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> College Fair   | <input type="checkbox"/> Brochure/Mailing | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Current ECSU Student | <input type="checkbox"/> TV/Radio  | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Athletic Coach | <input type="checkbox"/> ECSU Graduate    | <input type="checkbox"/> Internet           | <input type="checkbox"/> Friend               | <input type="checkbox"/> Newspaper | _____                           |

What do you plan to do upon completion of your studies at ECSU?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESIDENCY INFORMATION

Are you a registered voter?  Yes  No Where (city, state)? \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No Issued by (state) \_\_\_\_\_

Do you own an automobile?  Yes  No Where is it registered (state)? \_\_\_\_\_

Will you apply for a state scholarship or grant?  Yes  No In which state? \_\_\_\_\_

Did your parents claim you as a tax exemption on their most recent return?  Yes  No

# APPLICATION CHECKLIST

**Residency Affidavit** I hereby claim classification for tuition purposes as an  in-state resident.  out-of-state resident.

## Part-time Admission Applicants must submit:

- Signed, completed application for admission
- \$50.00 application fee (non-refundable) payable to ECSU
- Official high school transcript (request from high school)
- If applicable, official transcript(s) from any college(s) attended
- If applicable, official CLEP/DSST transcript
- Military documentation
- Personal Essay (optional) or copy of resume (if available)

## Financial Aid Applicants must submit:

- Signed, completed Eastern Connecticut State University Financial Aid Application returned to Eastern Connecticut State University. (860) 465-5205
- Signed, completed Free Application for Federal Student Aid (FAFSA) mailed to designated processing center after January 1st. Title IV school code is 001425. You can also apply online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Veterans should contact the Office of Veteran's Affairs for assistance. Telephone (860) 465-4691

## IMPORTANT NOTES

Eastern Connecticut State University admits students of any race, color, national origin, age, gender, disability, or sexual orientation to all rights, privileges, programs and activities generally accorded or made available to students at Eastern Connecticut State University.

This is an official publication of Eastern Connecticut State University. It is subject to change at any time. It is the policy of the University to reserve the right to add, withdraw or revise any course, program of study, provision or requirement described herein.

It is agreed that Eastern Connecticut State University has permission to use in its advertising and promotional material any college sponsored picture(s) in which my likeness appears as well as any studio or video productions in which I participate.

Transfer Students: I give my permission for ECSU to obtain academic, student conduct, or other pertinent information from my previously-attended colleges.

I approve this application and agree to be responsible for the payment of all tuition, fees, books, and supplies due Eastern Connecticut State University, in accordance with the terms and conditions set forth in the publications and application forms.

## SIGNATURE

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Signature of Applicant

Date

Please send completed, signed application and any applicable documents to:

Office of Admissions and Enrollment Management  
Eastern Connecticut State University  
83 Windham Street  
Willimantic, CT 06226-2295  
USA



EASTERN CONNECTICUT  
STATE UNIVERSITY

School of Continuing Education  
83 Windham Street  
Willimantic, CT 06226-2295  
(860) 465-5125 or toll free (877) 353-ECSU  
[www.easternct.edu/ce](http://www.easternct.edu/ce)