



# COE COLLEGE

## TRANSFER STUDENT APPLICATION FOR ADMISSION

### ALL ABOUT YOU

Last Name First Name Middle Name Preferred First Name

Male  Female

Date of Birth

Social Security Number

Primary Phone Number

Secondary Phone Number

Email Address

Permenant Address

City

State

Zip

Country

Current Address (if different)

City

State

Zip

Country

Citizenship: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Admission Plan: \_\_\_\_\_ Housing Plans:  Resident  Commuter

Do you plan to apply for need-based financial aid with the FAFSA?  Yes  No

Are you eligible to receive military or veterans educational benefits?  Yes  No

Applicants will automatically be considered for merit-based scholarships. If eligible, do you wish to compete for additional scholarships?  Yes  No

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

Select one or more races from the following list:  American Indian or Alaskan Native  Asian  White  Native Hawaiian or Pacific Islander  Black or African American

### YOUR HIGH SCHOOL

High School Name

Address

City

State

Zip

Country

Date of Graduation

Self-Reported GPA: \_\_\_\_\_

Grading Scale: \_\_\_\_\_

Self-Reported ACT Composite: \_\_\_\_\_

Self-Reported SAT Composite (CR+M): \_\_\_\_\_

What are you interested in studying at Coe?

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

What activities do you want to participate in at Coe?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Other Activities \_\_\_\_\_

Please list the other college to which you are applying: \_\_\_\_\_

**FAMILY INFORMATION**

Parent 1

Parent 2

Street Address

Street Address

City State Zip Country

City State Zip Country

Email Address

Email Address

Preferred Phone Number:  Home  Work  Cell

Preferred Phone Number:  Home  Work  Cell

Occupation Name of Employer

Occupation Name of Employer

College(s) Attended Degree(s)

College(s) Attended Degree(s)

Parent Status

Parent Status

When we send information for parents, which person(s) should receive it?  Parent's Jointly  Parent 1  Parent 2

Relatives and/or friends attending or who have attended Coe:

Name Date of Attendance Relationship

Name Date of Attendance Relationship

Name Date of Attendance Relationship

**SIBLING INFORMATION**

Name School Attending Graduation Date

Name School Attending Graduation Date

Name School Attending Graduation Date

**WHY COE?**

How did you first hear of Coe?

What encouraged you to apply to Coe?

What factors will be most important in your college decision?

**COLLEGES ATTENDED**

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School Name	CEEB		
Address			
City	State	Zip	Country
Start Date	End Date		

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School Name	CEEB		
Address			
City	State	Zip	Country
Start Date	End Date		

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School Name	CEEB		
Address			
City	State	Zip	Country
Start Date	End Date		

**SIGNATURE**

I certify that the provided information is true and correct to the best of my knowledge. Upon enrollment at Coe, I will have received a high school diploma or its equivalent.

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Signature	Date
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Coe College admits students without regard to sex, race, creed, color, handicap, sexual orientation or national or ethnic origin. All students have equal access to the facilities, financial aid and programs of the college.

