

# Full-time Undergraduate Application

Western New England University has rolling admissions for all programs. We encourage you to apply electronically via our website, [www.wne.edu](#). This will provide you with personalized information and allow you to track the receipt of application materials. We will also accept The Common Application or this paper copy of our application.

1. Complete this form and submit it with the \$40 application fee. This fee can be waived if you are a first-generation college student and your family income is less than \$30,000.

Please type or print

## SECTION I GENERAL INFORMATION *Completed by all applicants*

Legal Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Social Security Number \_\_\_\_\_  
TO BE MATCHED WITH SS# ON FAFSA IF APPLYING FOR FINANCIAL AID PREFERRED FIRST NAME (i.e., Bob for Robert)

Home Address \_\_\_\_\_  
NUMBER AND STREET  
 \_\_\_\_\_  
CITY STATE ZIP CODE

Mailing Address (if different) \_\_\_\_\_  
NUMBER AND STREET  
 \_\_\_\_\_  
CITY STATE ZIP CODE

Email Address \_\_\_\_\_  
Please set your email program to receive messages from the wne.edu domain.

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Sex:  Male  Female

Do you want to receive text messages?  Yes  No

Please check the appropriate box:

- U.S. Citizen or Permanent Resident
- International Student: Country of Citizenship \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Which semester do you plan to attend?  Fall \_\_\_\_\_ YEAR  Spring \_\_\_\_\_ YEAR

Have you previously applied for admission to Western New England University?  No  Yes

If yes, for which semester did you apply? \_\_\_\_\_

If your parent or grandparent is a Western New England alumnus/a, please complete the following for an application fee waiver.

Parent \_\_\_\_\_ Graduation Year \_\_\_\_\_

Grandparent \_\_\_\_\_ Graduation Year \_\_\_\_\_

Other alumni can waive the fee if they submit a brief statement in support of your candidacy. The letter must include their name, address, class year, and email address (if applicable). It must be submitted with the application. We will not refund the fee after it is paid.

<i>For Office Use Only</i>		
Action taken _____	Date _____	Counselor _____

## ENROLLMENT INFORMATION

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Date of Birth

MONTH

DAY

YEAR

Place of Birth

CITY

STATE/PROVINCE

COUNTRY

If you were not born in the United States, how many years have you lived in this country?

What is your housing preference?  On-campus  Commuter, Off-campus

List other colleges to which you are applying:

If you have not been enrolled in high school or a postsecondary institution in the past six months, indicate how you have spent

# INTENTIONAL ONE ON ONE

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\* Students selecting Education—Elementary **must** select a second major by checking a second box; it requires one of the following Arts and Sciences majors: English, History, Mathematics, Psychology, or Sociology. (Due to credit requirements, Mathematics may take longer than eight semesters to complete.) Transfer students who have completed two semesters may need more than an additional six semesters to finish the requirements. Transfer students with more than one year of college credit must be approved by the department chair.

## EDUCATION ACTIVITIES

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