wade college
founded 1962

APPLICATION FOR ADMISSION
Associate of Arts Degree

Get the Attention You Seek

Applicant's Full Legal Name

First (Given) Name | Middle Name | Last (Family) Name | Preferred Name

Social Security Number (Required for U.S. residents) | Driver's License | State

Date of Birth ___ / ___ / ___ (Month / Day / Year) | Birthplace (City/State/Country) | ☐ Male ☐ Female

Permanent Home Address

City/State | Zip/Postal Code | Country

Email | Home Phone | Work/Cell Phone

REFERRAL SOURCE

- ☐ Television
- ☐ Radio
- ☐ Newspaper
- ☐ Poster
- ☐ Magazine
- ☐ Internet
- ☐ Direct Mail
- ☐ Location
- ☐ Student/Faculty/Graduate
- ☐ Teacher/Guidance Counselor
- ☐ Other _____

ENROLLMENT TERM

- ☐ Fall (October) 20____
- ☐ Spring (February) 20____
- ☐ Summer (June) 20____
- ☐ Day ☐ Evening

CONCENTRATION

- ☐ Fashion Design
- ☐ Graphic Design
- ☐ Interior Design
- ☐ Merchandise Marketing

CITIZENSHIP

- ☐ U.S. Citizen
- ☐ Permanent Resident
  (Copy of green card required)
  Alien Registration Number:
  _____
- ☐ Non-U.S. Citizen
  Country of citizenship _____
  Visa type _____

ETHNICITY *(Optional – for research purposes only)*

- ☐ American Indian / Alaskan Native
- ☐ Black / Non-Hispanic
- ☐ Asian / Pacific Islander
- ☐ Hispanic
- ☐ White / Non-Hispanic
- ☐ Other

Information does not affect admission decision.

Name of High School

City/State | Graduation Date ___ / ___ / ___ (Month / Day / Year) - or - GED ☐ Yes ☐ No

Previous College Attended

Did you receive your Bachelor's Degree? ☐ Yes ☐ No

Previous College Attended

Did you receive your Bachelor's Degree? ☐ Yes ☐ No

☐ Father ☐ Guardian ☐ Spouse

Name

Address

City/State/Zip

Email

Home Phone | Work/Cell Phone

Employer | Position

☐ Mother ☐ Guardian ☐ Spouse

Name

Address

City/State/Zip

Email

Home Phone | Work/Cell Phone

Employer | Position

Do you need to apply for federal financial assistance? (For U.S. citizens and permanent residents only.) ☐ Yes ☐ No
(New FAFSA form is available at www.fafsa.ed.gov . Wade College code is 010130.)

If admitted, I agree to abide by the rules and regulations of Wade College. Furthermore, the information on this application is true to the best of my knowledge. I understand the material submitted with this application becomes the property of Wade College and will not be released to another party.

Signature of Applicant *(To be signed in person)* Date ___ / ___ / ___ (Month / Day / Year)

SEND APPLICATION TO:
ADMISSIONS DEPARTMENT
WADE COLLEGE
P. O. BOX 421149
DALLAS, TX 75342

FOR FURTHER INFORMATION, CONTACT:
ADMISSIONS DEPARTMENT
WADE COLLEGE
214-637-3530 | 800-624-4850
admissions@wadecollege.edu or
www.wadecollege.edu

OFFICE USE ONLY

Paid: _____

- ☐ Cash ☐ Check
- ☐ Money Order
- ☐ Credit Card

Admissions Advisor: _____

COLLEGE-SPONSORED HOUSING

☐ Yes ☐ No

Paid: _____

- ☐ Fee
- ☐ Gate Remote