wade college
founded 1962

# APPLICATION FOR ADMISSION
## Bachelor 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

**ATTACHMENTS**
- ☐ Portfolio
- ☐ 12 Work Samples
- ☐ Professional Resume
- ☐ Essay on Current Topic
- ☐ Letters of Recommendation (Optional but encouraged)

*Please see *Note below.*

**ENROLLMENT TERM**
- ☐ Fall (October) 20____
- ☐ Spring (February) 20____
- ☐ Summer (June) 20____

**WADE COLLEGE**

Graduation Date: _____

Cumulative GPA: _____

**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)*
- ☐ Hispanic
- ☐ American Indian / Alaskan Native
- ☐ Black / African American
- ☐ Asian
- ☐ Native Hawaiian/ Pacific Islander
- ☐ White
- ☐ Race and Ethnicity Unknown
- ☐ Two or More Races

*Information does not affect admission decision.*

**Note: All Wade College alumni who graduated after 2007 are required to submit copies of a professional portfolio containing a minimum of 12 samples of work. Alumni who graduated prior to 2007 may submit a professional resume and copies of portfolio work if available. Alumni who graduated prior to 2007 but have no professional work/internship experience must write a 500 – 600 word essay on a current topic relevant to the merchandise management concentration. All work submitted to Wade College is considered property of Wade College and will not be returned.*

Briefly describe any relevant work/internship experience

Previous College Attended | Previous College Attended

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

☐ Father ☐ Mother ☐ Guardian ☐ Spouse

Name | Email

Address | City/State/Zip

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
1950 N Stemmons Frwy
Suite 4080 LB 562
Dallas, TX 75207

**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 Coordinator:_____