

**Funeral Service Education Application**

**Campus Preference:** [ ]  **Campus** [ ] **Distance Education (online)**

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| Applicant Information |
| Full Legal Name | Click or tap here to enter text. |
| Former name (if applicable)  | Click or tap here to enter text. |
| Date of Birth  | Click or tap here to enter text. |
| Student Identification #(A number) or Social Security Number  | Click or tap here to enter text. |
| High School Name /GED | Click or tap here to enter text. | Year of Graduation  | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |
| Please note that an email address is **REQUIRED**. All applicants are notified of their status via email. |
|  |
| Check list for application:[ ] High School transcript or GED sent to Vincennes University[ ] Have you attended previous colleges other than VU? Please note this includes colleges/universities attended while in high school for dual credit. [ ] No [ ] Yes, please list all colleges/universities below. **Official transcripts must be on file at Vincennes University in order for your application to be evaluated.** Click to list previous college[ ] If you do not have any previous college credit, have you completed the Accuplacer (or have appropriate alternate test scores on file)?[ ] Distance Education students: Submitted appropriate photo ID?  Submit one of the following to disted@vinu.edu: [ ]  Valid Drivers license[ ]  Valid State ID[ ]  Valid Passport Comments/additional information you would like to include: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Signature Date  |
| By signing/typing your name above, you affirm that the information on this application is correct. Falsification of your application may result in your denial of admission to the College of Health Science and Human Performance and/or Vincennes University.  |