GENERAL INFORMATION

Students seeking admission to Clark Atlanta University must submit an application for admission to the University. A non-refundable fee of $35 made payable to Clark Atlanta University must accompany this application (cashier check or money order only).

This application should be completed by typing or printing in black ink. Use only your correct legal name at the time of application to the University (no nicknames please). If your name or address changes prior to the time of registration, please notify the Office of Admissions.

Fall application priority deadline is March 1.
Spring application priority deadline is October 1.

IMPORTANT: The application must be returned fully completed and signed by the applicant.

FIRST-YEAR STUDENTS

Before final action on this application can be completed, the Office of Admissions must receive the following:
- Completed and signed application
- Recommendation form from your counselor
- Recommendation form from a teacher
- Official high school transcript(s) sent by each school attended
- Official SAT or ACT score reports
- Essay
- Non-refundable $35 application fee (or fee waiver request form completed by counselor prior to March 1)

TRANSFER STUDENTS

Students who have earned twelve (12) semester hours or eighteen (18) quarter hours at another college or university must apply as a transfer applicant. In order for the admission application to be complete, the following must accompany the application:
- One official transcript from all colleges or universities attended sent directly to the Office of Admissions from the institution’s Office of the Registrar
- The Dean’s Certification Form
- A catalog of each previously attended college or university
- Non-refundable $35 application fee (cashier check or money order)

INTERNATIONAL STUDENTS

The Test of English as a Foreign Language (TOEFL) is required if English is not the applicant’s native language. International applicants must attain a minimum of 500 on the paper exam and 173 on the computerized exam. A waiver of the TOEFL requirement will be granted if the applicant has earned a diploma from an institution whose curriculum is taught in English. Before final action on an international student application can be completed, the Office of Admissions must receive the following:
- Neatly completed and signed application
- Recommendation form from your counselor
- Recommendation form from a teacher
- Official high school transcript(s) from each school attended
- Official SAT or ACT score reports
- Essay
- Non-refundable $35 application fee
- Official TOEFL score (international students only)

FINANCIAL AID

Financial aid is available through a combination of federal and university grants, scholarships, federal work study and various federal student loan programs. Each applicant applying for a grant, loan, or scholarship is required to submit the Free Application for Federal Student Aid (FAFSA).

Apply online at: www.fafsa.ed.gov

CHECKLIST

Before beginning the application, first review it carefully to determine the information you need to complete the forms.

DON’T FORGET TO:
- Completely fill out and sign the application form.
- Complete the top portion of both the counselor and teacher recommendation forms. Sign each form if you wish to waive your right to access these recommendations.
- Include your essay with the application form.
- Include your $35 application fee or fee waiver form ($55 for international students).
- Request official SAT, ACT, or TOEFL score reports.
- Submit Application and Supporting documents as one package.

MAILING INSTRUCTIONS

Please complete all portions of the application and return to:

CLARK ATLANTA UNIVERSITY
Office of Admissions
223 James P. Brawley Drive, S.W.
Atlanta, GA 30314-4389

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
1-800-688-3228 (toll free)
404-880-6605
www.cau.edu

Guidelines & Instructions

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ADMISSION STATUS

Please consider my application for □ Fall 20□ Spring 20□

I am applying for the following admission status (please check one):
□ Freshman    □ Transfer    □ Transient    □ Non-Traditional    □ Early Admissions
□ Non-Degree    □ Joint Enrollment (for Atlanta and Decatur School System students)    □ Readmission

I plan to enroll:    □ Full Time    □ Part Time    □ Yes, I am interested in campus housing

I plan to apply for Financial Aid:    □ Yes (complete FAFSA at www.fafsa.ed.gov and use CAU Federal School Code number 001559.)    □ No

PERSONAL INFORMATION

Social Security Number – – –

Legal Name
Last                                                                                                         First                                                                                        Middle

Home Address/P.O. Box Number and Street

City/Town State County Zip Code Country

Mailing Address (if different from home address) Number and Street

City/Town State County Zip Code Country

Home Telephone / E-mail address (if available)

Birthdate / / Gender: □ Male □ Female Marital Status
Month Date Year

Religious Preference

Citizenship: □ U.S. □ Immigrant, permanent resident
□ International (country of citizenship and country of birth) /
□ Non-resident alien (country of citizenship) __________________________________________ (Attach copy of I-551 or I-151)

Type of Visa requested? ____________________________ Currently held? □ Yes □ No If yes, list alien number

Have you ever been suspended for academic deficiencies from an educational institution or from a particular program of study? □ Yes □ No
(If you answered Yes, please explain on a separate sheet of paper the nature of these circumstances?)

Have you ever been arrested or convicted of any offense other than a minor traffic violation? □ Yes □ No (If you answered Yes, please explain on a separate sheet of paper the nature of the conviction.)

ETHNIC ORIGIN (Optional)

Describe yourself by checking one:
□ African-American, Black □ Hispanic of Any Race □ Race or Ethnicity Unknown
□ Asian □ White □ Two or More Races
□ American Indian or Alaska Native □ Native Hawaiian or other Pacific Islander
UNDERGRADUATE APPLICATION FORM

FAMILY INFORMATION
I live with my: □ Father □ Mother □ Stepfather □ Stepmother □ Grandfather □ Grandmother □ Husband □ Wife □ Legal Guardian □ Other

Name

Address

Number & Street

Box

Apt. #

City

State

Zip

□ Father □ Stepfather □ Guardian □ Husband: Work Number / Home Number /

□ Mother □ Stepmother □ Guardian □ Wife: Work Number / Home Number /

Have either of your parents graduated from a college or university? □ Yes □ No

Do you have an immediate family member who has graduated from Clark Atlanta University (or formerly Clark College or Atlanta University)? □ Yes □ No (If Yes, list name and relationship to you):

EDUCATION
Please list the high schools and colleges you have attended. (Have all transcripts from each institution attended sent directly to the Clark Atlanta University Office of Admissions.)

Name of Institution

Inst. Code/CEEB Code

Address

Dates Attended to

to

to

Date of high school graduation

Type of high school □ Public □ Private □ Parochial

HONORS AND ACTIVITIES
Please list your extracurricular, athletic and scholastic distinctions or honors received in grades 9 – 12. Use additional pages if necessary.

Activity/Honor

Grade Level 9 10 11 12

Offices held, major accomplishments, etc.

ESSAY
The essay section of this application offers you a chance to demonstrate your ability to organize thoughts and express yourself. With this objective in mind, choose one of the following questions as an essay topic. Please type or print legibly in ink. Suggested length: 500 words.

□ Who has had the greatest impact on your life?

□ How do you believe Clark Atlanta University will prepare you for future leadership?

MAJORS
List your proposed areas of academic interest/possible major:

Please rank your top three choices of other schools you are applying to: 1.

2.

3.

SIGNATURE
My signature indicates that all information contained in my application is complete, factually correct, and honestly presented. I hereby request admission to Clark Atlanta University on the terms listed above. Failure to fully disclose or misrepresent requested information will result in disciplinary action up to and including expulsion from Clark Atlanta University.

Signature of applicant

Date

Clark Atlanta University does not discriminate in admissions on the basis of race, color, national origin, religion, gender, sexual orientation, or disability. Admission to the University is based upon the qualifications of the applicants.
The Family Educational Rights and Privacy Act of 1974 entitles students to have access to their letters of recommendation in their permanent file at Clark Atlanta University. The student may waive the right of access, in which the recommendation will be considered confidential and will not be available to the student. If you wish to waive your right to access this recommendation, please sign below.

Signature of applicant   Date

TO BE COMPLETED BY COUNSELOR

Name and Position/Title

School Phone / E-mail address

School Address

Years you have known student In what capacity?

This student ranks in a class of students and has a cumulative grade point average of on a scale.

The rank covers a period from to . If a precise rank is not available please indicate rank to the nearest tenth from the top.

The rank is □ Weighted □ Unweighted. Of the student's graduating class % plan to attend a four-year college.

Please rank the student in the categories listed below using the following: O – Outstanding; G – Good; A – Average; P – Poor; N – No basis for judgment.

□ Written communication skills □ Ability to work with others □ Maturity
□ Verbal communication skills □ Intellectual ability □ Self discipline
□ Organizational skills □ Analytical ability □ Initiative
□ Judgment □ Leadership □ Integrity

(Optional) I recommend this student: □ Strongly □ Recommend □ Recommend with reservations

Thank you for completing this evaluation. Please include an official transcript, a list of courses in progress, and a school profile. Attach any additional comments you would like to make about the student.

Signature of counselor   Date
The Family Educational Rights and Privacy Act of 1974 entitles students to have access to their letters of recommendation in their permanent file at Clark Atlanta University. The student may waive the right of access, in which the recommendation will be considered confidential and will not be available to the student. If you wish to waive your right to access this recommendation, please sign below.

Signature of applicant  Date

TO BE COMPLETED BY TEACHER

Name ___________________________  Subject you teach ___________________________

School Phone / E-mail address ___________________________

School Address ___________________________

Years you have known student ______  Three words that best describe the student ___________________________

Please rank the student in the categories listed below using the following: O – Outstanding; G – Good; A – Average; P – Poor; N – No basis for judgment.

___ Written communication skills  ___ Ability to work with others  ___ Maturity

___ Verbal communication skills  ___ Intellectual ability  ___ Self discipline

___ Organizational skills  ___ Analytical ability  ___ Initiative

___ Judgment  ___ Leadership  ___ Integrity

(Optional) I recommend this student: □ Strongly  □ Recommend  □ Recommend with reservations

Thank you for completing this evaluation. Attach any additional comments you would like to make about the student.

Signature of teacher  Date