



College Preparatory Institute, 2010

Application for Admission

Please type or print in black ink.

Personal Information

Applicant's Name: _____
Last/Family (Enter name exactly as it appears on birth certificate /transcripts) First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (choose only one): _____ Former last name(s) if any: _____

Today's date: _____ Birth date: _____ Current Age: _____ Female Male
mm/dd/yyyy mm/dd/yyyy

What college or university will you be attending in the fall of 2010? _____
Name of institution, city, state

Have you already been accepted for admission? _____ yes* _____ no**

*If yes, please provide a copy of your acceptance letter with this application

**If no, have you already submitted a complete application for fall enrollment, 2010? _____ yes _____ no

I have applications pending at: _____
Name(s) of college(s)

For which session of CPI are you applying? _____ University of Denver (6/12 – 6/26) _____ University of Oregon (7/24 – 8/ 7)

E-mail address _____

Permanent home address: _____
Number and Street Apartment #

City or Town State/Province Country ZIP/Postal Code

Permanent home phone (_____) _____ Cell phone (_____) _____
Area Code Area Code

If different from above, please give your mailing address for all admission correspondence.

Mailing address (from _____ to _____) Phone at mailing address (_____)
(mm/dd/yyyy) (mm/dd/yyyy) Area Code

Number and Street Apartment #

City or Town State/Province Country ZIP/Postal Code

If your mailing address is a boarding school, include name of school here: _____

Citizenship: _____ U.S. citizen Please list any non-US countries of citizenship: _____

_____ US permanent resident visa Alien registration number: _____

Other citizenship Visa Type: _____

If you are not a US citizen and live in the United States, how long have you been in the country? _____

Educational Information

Secondary school you now attend (or from which you graduated): _____

Date of entry: _____ Date of secondary school graduation _____
mm/dd/yyyy *mm/dd/yyyy*

***A copy all high school transcript(s) must be attached or received within 14 days of this application.**

Type of school : _____ public _____ independent _____ religious _____ home school _____ Other

Address _____
Number and Street

City or Town State/Province Country ZIP/Postal Code

Counselor's name (Mr./Ms./Dr., etc.) _____ Phone (_____) _____
Area Code Number Ext.

Counselor's e-mail _____ Fax (_____) _____
Area Code Number

If any of the following apply to your secondary school education, please check the appropriate box.

_____ graduated early _____ graduated late _____ will not graduate, will receive GED _____ will not graduate, will not receive GED

If you received a GED, list date: _____ **(Attach a copy of your scores with this application.)**

Possible area(s) of academic concentration/major(s): _____

Possible career or professional plans: _____

Have you taken any courses for college credit? _____ yes* _____ no

If yes, please list the college(s) you attended and the number of credits completed and **attach a copy of your transcripts with this application.

_____ # of credits: _____

Have you been diagnosed with disability of any kind? _____ yes _____ no

If "yes," please answer the following questions. If "no," please proceed to **Test Information**.

Please describe the diagnosis/diagnoses: _____

What would you like your instructor to know about the way you learn? _____

What challenges (if any) do you have in the classroom? _____ Not enough time _____ Difficulty writing _____ Sequencing/ prioritizing

_____ Group instruction _____ Paying attention _____ Blurting out answers _____ Difficulty with written material _____ Getting organized

Other (please describe) _____

What accommodations have you had in the classroom in the past? _____ Additional Time _____ Calculator

_____ Assisted Technology _____ Computer _____ Assistance with note taking _____ Preferred seating

Other _____

Have you ever had an Individual Education Plan (IEP) while attending school? _____ Yes* _____ No

Have you ever had a psycho-educational evaluation? _____ Yes* _____ No

***If yes to either of these questions, please attach or provide a copy within 14 days of submitting this application.**

Test Information

Have you taken the SAT or ACT? yes no If yes, when? _____

If yes, please provide your scores:

ACT Composite _____ SAT Reading _____ SAT Writing _____ SAT Math _____

Is this the only time you've taken this exam? yes no

Test of English as a Foreign Language (TOEFL) _____
 or Other Exam _____

Test	Date taken/	Score	Test	Date taken/	Score

Extracurricular, Personal, Work and Volunteer Activities

Please list your **principal** extracurricular, community, work and family activities and hobbies, including summer activities **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.** You may attach an additional page if necessary.

Activity	Grade level or post-graduate (PG)					Approximate Time Spent (indicate per week, month, or year)	Positions held, honors won or letters earned
	9	10	11	12	PG		

Getting to Know You

What are your strengths? _____

What goals have you set for yourself? _____

Why are you applying to College Preparatory Institute? _____

Please list any current or previous health problems you have experienced: (seizures, head injuries, diabetes, sleep disturbance)

Are you currently taking any medication(s)? (include prescription medication) Yes No

If Yes, Please list medication(s) and purpose: _____

Have you ever been found responsible for a disciplinary violation at an education institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes* No

Have you ever been convicted of a misdemeanor, felony, or other crime? Yes* No

***If you answered yes to either or both questions, attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.**

Family Information

Please list the adults who have legal rights and responsibilities toward you. (If you are a minor, this is usually one or both of your living biological parents). If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you.

Parent/Guardian 1: Mother Father Legal Guardian

Parent/Guardian 2: Mother Father Legal Guardian

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Home address **if different** from yours:

Home address **if different** from yours:

Home phone (_____) _____
Area Code

Home phone (_____) _____
Area Code

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Name of employer _____

Name of employer _____

College (if any) _____

College (if any) _____

Graduate school (if any) _____

Graduate school (if any) _____

With whom do you make your permanent home? Parent/Guardian 1 Parent/Guardian 2 Both Other

If other, please elaborate: _____

APPLICATION FEE PAYMENT - A fifty dollar (\$50) non-refundable application fee must accompany this document in order to be considered for admittance to the College Preparatory Program. Please choose your payment method below.

Online Payment

Mailed Payment*

*make check payable to **College Living Experience-CPI** and send to:

College Living Experience
7250 Columbia Gateway Dr., Suite J
Columbia, MD 21046

Please indicate the **student's name** and
CPI Application with your payment

Please attach or provide a **copy** of any of the following documentation that applies within 14 days of submitting this application, and indicate by checking the appropriate line below:

High School transcript (**required for all applicants**) GED ACT scores SAT scores

College Acceptance Letter for fall 2010 IEP Psycho-educational Evaluation (most recent)

College Transcript(s) List institution(s) here: _____

ADDITIONAL INFORMATION: If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.

I, the undersigned, am applying to the College Living Experience College Preparatory Institute Program (CLE-CPI). I grant my permission for CLE to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application form or attached document(s), both of which constitute "this application." I consent to the release of any and all information about me by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for CLE and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about me. This consent shall continue until withdrawn in writing by me.

Student Signature

Date

Parent Signature

Date