

**SCHOOL FOR
NEW LEARNING**

SCHOOL FOR NEW LEARNING — APPLICATION FORM

Please fill out this form clearly and return it by fax or by postal mail. FAX NUMBER: (312) 362-8809.

DePaul's School for New Learning (SNL) was designed with working adults (students age 24 and older) in mind. The nationally-recognized SNL program is highly individualized and flexible, allowing you to complete your degree, start a new degree or take classes to increase your professional marketability. At SNL, you design your own degree program around a focus area that satisfies your personal, professional and educational goals.

Mr. Ms. Mrs.

Last Name First Name Middle Name

Former Last Name

Date of Birth (Mo/Day/Year) Social Security Number

Please provide your current mailing address:

Street City State Zip Code

Province Country

Home Telephone Cellular/Mobile Telephone Preferred E-mail Address (Required)

If you are employed, please fill out the information below, or skip to the next question.

Does your employer have a tuition reimbursement program? Yes No

Employer Name Position

Street City State Zip Code

Province Country

Business Telephone

Are you a U.S. Citizen/Permanent Resident? Yes No

(If you are not a U.S. citizen/Permanent Resident and plan to take your courses on campus, or if all your transcripts are from schools outside the U.S., please complete and submit the application for international students at www.depaul.edu/international.)

Will you have lived in Illinois for one full year immediately prior to your enrollment as a DePaul student? Yes No

Enrolling for (check one): Fall (Sept.) 20____ Winter (Jan.) 20____ Spring (Mar.) 20____ Summer (June) 20____

Degree Program: B.A. with a Focus Area B.A. in Computing B.S. in Nursing (R.N.s only)
 B.A. in General Business B.A. in Early Childhood Education

Will you apply for financial aid? Yes No

Are you planning to take most of your courses On campus Online Both On campus and Online

Have you ever taken online classes? Yes No

Please list below all educational institutions you have attended (whether courses were completed or not) or are attending, including high school. (If necessary, continue on a separate page and attach to application form. If you will be submitting transcripts from a school outside the U.S., see requirements for submission of international transcripts at www.depaul.edu/international.)

Name of Institution	Location (City/State)	Attended (Mo/Yr to Mo/Yr)
Major Field	Hours Earned (Sem. or Qtr.)	Degree/Diploma (AA, BA, etc.)
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Major Field	Hours Earned (Sem. or Qtr.)	Degree/Diploma (AA, BA, etc.)

Have you previously attended DePaul? Yes No
 If "Yes," dates of attendance _____ and program _____.

Have you ever been suspended, placed on probation or dismissed from any high school or college, including DePaul University?
 Yes No If "Yes," _____
School Dates of Attendance

Are you interested in the Chronic Illness Initiative? Yes No
 (For more information on the Chronic Illness Initiative, visit <http://www.sn1.depaul.edu/current/chronic.asp>.)

Have you ever been convicted of a felony? Yes No
 (Note: if you answer "Yes" to the above question, you will be contacted for further information.)

Demographic Information

(The following optional information is requested to comply with equal opportunity provisions of federal and state law.)

- I do not wish to self identify race/ethnicity.
1. Are you Hispanic or Latino? Yes No
2. If you answered "No" above, please indicate your primary race/ethnicity by placing a "1" in the corresponding box below and, if you wish to identify secondary races/ethnicities, please place a "2" in as many boxes as appropriate.
 If you answered "Yes" above, and you wish to identify secondary races/ethnicities, please place a "2" in as many boxes as appropriate.
- American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

Gender: Female Male

Application Fee

A non-refundable application fee of \$25 must accompany this form. Please make checks or money orders payable to DePaul University, or pay via credit card.

Master Card Visa Discover American Express

Credit card number _____ Expiration date (month/year) _____

Your Signature _____ Please Print Name _____ Date _____

By signing this form, I submit that this is my own work and that, to the best of my knowledge, the information given above is true. I understand and agree that this application will be invalid if information is withheld or misinformation is given, and that admission and credit earned through an invalid application may be canceled. I understand that all credentials submitted with this application become the property of DePaul University and will not be returned. I understand and agree that DePaul University reserves the right to verify the information contained in this application by, among other things, contacting other educational institutions. If admitted, I agree to notify DePaul University of any changes in my academic standing prior to enrollment and to comply with all rules and regulations of the university.

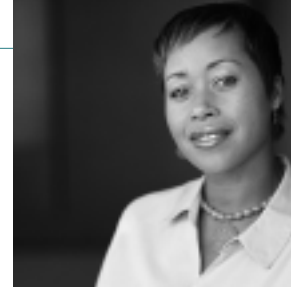
Applicant's Signature (Signature required validating application form) _____ Date _____

DePaul University does not discriminate on the basis of race, color, national origin, religion, gender, sexual orientation, age or disability in admission, employment or the provision of services.



Undergraduate Programs
 25 East Jackson Boulevard
 Chicago, Illinois 60604-2305

Telephone: (312) 362-8001
 Outside Illinois: (866) SNL-FORU
 E-mail: snl@depaul.edu
 Web: snl.depaul.edu



**SCHOOL FOR
NEW LEARNING**

LEARNING ASSESSMENT SEMINAR (LAS) - ON-CAMPUS REGISTRATION FORM

Please fill out this form clearly and return it by fax or by postal mail. FAX NUMBER: (312) 362-8809.

If you have any questions regarding LAS, please e-mail snllas@depaul.edu.

SUMMER 2009

Sec.	Campus	Day	Date(s)	Time
504	O'Hare	Mondays	June 15, 29	5:30 pm - 9:30 pm
505	Loop	Tuesdays	June 16, 30	5:30 pm - 9:30 pm
506	Naperville	Thursdays	June 18, July 2	5:30 pm - 9:30 pm
507	Oak Forest	Saturdays	June 27, July 11	9 am - 1 pm
508	Loop	Saturdays	June 27, July 11	9 am - 1 pm
509	O'Hare	Wednesdays	July 1, 15	5:30 pm - 9:30 pm
513	Loop	Thursdays	July 9, 23	5:30 pm - 9:30 pm
514	Loop	Saturdays	July 11, 25	9 am - 1 pm
515	O'Hare	Saturdays	July 11, 25	9 am - 1 pm
516	Loop	Mondays	July 13, 27	5:30 pm - 9:30 pm
517	Naperville	Tuesdays	July 14, 28	5:30 pm - 9:30 pm
518	Loop	Saturdays	July 18, Aug. 1	9 am - 1 pm
519	Naperville	Saturdays	July 18, Aug. 1	9 am - 1 pm
520	Oak Forest	Tuesdays	July 21, Aug. 4	5:30 pm - 9:30 pm
521	Naperville	Thursdays	July 23, Aug. 6	5:30 pm - 9:30 pm
522	Loop	Saturdays	July 25, Aug. 8	9 am - 1 pm
526	Naperville	Saturdays	Aug. 1, Aug. 15	9 am - 1 pm
527	Loop	Saturdays	Aug. 8, Aug. 22	9 am - 1 pm
528	Oak Forest	Thursdays	Aug. 13, Aug. 27	5:30 pm - 9:30 pm
529	O'Hare	Saturdays	Aug. 15, Aug. 29	9 am - 1 pm
530	Loop	Mondays	Aug. 17, Aug. 31	5:30 pm - 9:30 pm

FALL 2009

Sec.	Campus	Day	Date(s)	Time
702	Loop	Saturdays	Sept. 12, Sept. 26	9 am - 1 pm
703	Naperville	Tuesdays	Sept. 15, Sept. 29	5:30 pm - 9:30 pm
704	Loop	Thursdays	Sept. 17, Oct. 1	5:30 pm - 9:30 pm
705	O'Hare	Saturdays	Sept. 19, Oct. 3	9 am - 1 pm
706	Loop	Mondays	Sept. 21, Oct. 5	5:30 pm - 9:30 pm
707	Oak Forest	Wednesdays	Sept. 23, Oct. 7	5:30 pm - 9:30 pm
708	Loop	Tuesdays	Sept. 29, Oct. 13	5:30 pm - 9:30 pm
709	Naperville	Thursdays	Oct. 1, Oct. 15	5:30 pm - 9:30 pm
710	Loop	Saturdays	Oct. 3, Oct. 17	9 am - 1 pm
711	O'Hare	Thursdays	Oct. 8, Oct. 22	5:30 pm - 9:30 pm
712	Naperville	Saturdays	Oct. 10, Oct. 24	9 am - 1 pm
713	Loop	Mondays	Oct. 12, Oct. 26	5:30 pm - 9:30 pm
715	Oak Forest	Saturdays	Oct. 17, Oct. 31	9 am - 1 pm
716	Loop	Saturdays	Oct. 17, Oct. 31	9 am - 1 pm
717	O'Hare	Tuesdays	Oct. 20, Nov. 3	5:30 pm - 9:30 pm

Preferred Section number _____ 2nd choice _____

Social Security Number _____ - _____ - _____ Date of Birth (Mo/Day/Year) _____

Mr. Ms. Mrs. Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip Code _____

E-mail _____

Home Telephone (_____) _____ Business Telephone (_____) _____

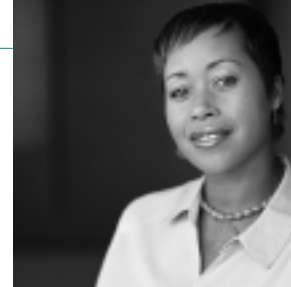
Please select payment method of \$350 fee for the seminar.

- Financial Aid** - You must have financial aid granted and register for at least 6 credit hours to qualify.
- Check** - Make check payable to DePaul University. *Note: If choosing this option, do not fax this form. Instead, mail the form together with your check payment.*
- Master Card** **Visa** **Discover** **American Express**

Credit card number _____ Expiration date (Mo./Yr.) _____ Inter bank Number (MC only) _____

Student Signature (*Signature required validating application form*) _____ Date _____

Tuition will be refunded only if written cancellation notice is received at least one week prior to the first day of the seminar.



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LEARNING ASSESSMENT SEMINAR (LAS) REGISTRATION FORM - SNL ONLINE PROGRAMS

Please fill out this form clearly and return it by fax or by postal mail. FAX NUMBER: (312) 362-8809.

You must submit a DePaul application before registering for the Learning Assessment Seminar (LAS). You can apply online at depaul.edu/apply or download an application at snlonline.depaul.edu and submit it by fax.

The deadline for LAS registration is 10 days before the seminar begins. Payment of \$350 in the form of check or credit card is required at the time of registration. You can submit this form by faxing it to (312) 362-8809 or mailing it to DePaul University, School for New Learning, 25 East Jackson Blvd., Suite 200, Chicago, IL 60604. If you have any questions, please call (312) 362-8001 or e-mail snlonline@depaul.edu.

Please select your preferred session.

SUMMER 2009

- June 1 - 27, 2009
 July 6 - August 1, 2009
 July 27 - August 22, 2009

FALL 2009

- August 31 - September 26, 2009
 October 12 - November 7, 2009

Mr. Ms. Mrs.

Last Name		First Name	Middle Name
Former Last Name			
Date of Birth (Mo/Day/Year)		Social Security Number	
Street	City	State	Zip Code
Province		Country	
Home Telephone		Business Telephone	

Please indicate your preferred e-mail address

Above information is used for course correspondence. You must notify the SNL Online office of any changes.

Please select payment method of \$350 fee for the seminar.

- Financial Aid** - You must have financial aid granted and register for at least 6 credit hours to qualify.
 Check - Make check payable to DePaul University.
Note: If choosing this option, do not fax this form. Instead, mail the form together with your check payment.
 Master Card **Visa** **Discover** **American Express**

Credit card number	Expiration date (Mo./Yr.)	Inter bank Number (MC only)
Student Signature (<i>Signature required validating application form</i>)		Date