



# EARLY COLLEGE ACCESS PROGRAM (ECAP) APPLICATION

www.husson.edu

## BIOGRAPHICAL INFORMATION

Semester of attendance:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_ (enter year)

Full Name \_\_\_\_\_ Custodial Parent(s) \_\_\_\_\_  
Last First Middle Initial Nickname

Mailing Address \_\_\_\_\_  
Box Number or Street County

City State ZIP Code

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Female  Male Are you a United States citizen?  Yes  No  
Month Day Year If no, what is your country of citizenship? \_\_\_\_\_

Are you a permanent resident of the United States? Yes No Alien Registration Card Number \_\_\_\_\_

<b>COURSE(S) I AM APPLYING FOR:</b>		<b>Please note: Immunization records are due prior to the start of classes.</b>	
<b>1. Course ID and #</b>	<b>Title</b>	<b>2. Course ID and #</b>	<b>Title</b>

Husson University is committed to providing a safe environment for all members of our community. All applicants must answer the following questions. An affirmative answer does not necessarily bar admission to Husson, but does require review.

1. Have you ever been found responsible for a disciplinary violation at any educational 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
2. Have you ever been convicted of a misdemeanor, felony or other crime?  Yes  No
3. Do you have any criminal complaints pending against you at this time?  Yes  No

If you answered yes to any of these questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

The following information is *optional*.

<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Race and Ethnicity Unkown
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

I certify to the best of my knowledge that the above statements are true.

Applicant's Signature Required

Date

Rev. 3-28-2017

Husson University is committed to maintaining an environment that is free from unlawful harassment and discrimination of all kinds and will not tolerate discrimination against or harassment of any individual or group based upon race, color, religion, national origin, sex, sexual orientation, age, disability, citizenship, or veteran status in matters of admissions, employment, housing, or services or in the educational programs or activities it operates, or any factor that is a prohibited consideration under applicable law.

**PROCEED TO PAGE 2 FOR ADDITIONAL QUESTIONS**

In order to ensure that students have a positive experience through the ECAP program, Husson University seeks to work closely with the supportive network of the applicant. Accordingly, we request that you complete and submit the following information in conjunction with the application.

**SCHOOL HISTORY**

High School Name \_\_\_\_\_ CEEB Code \_\_\_\_\_  
High School Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Signature of School Counselor or Principal:**

*I certify that this student has at least an 80 (B) average and recommend him/her for the course(s)*

\_\_\_\_\_

The University requires that the student achieve a C or better in order to remain in the program.

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**IMPORTANT: EXCHANGING INFORMATION WITH YOUR HIGH SCHOOL AND PARENTS**

Communication among the educators supporting your success is key. In order to facilitate such communication, the University requests that the student waive their rights to privacy under the **Family Educational Rights and Privacy Act of 1974 (FERPA) as amended.**

*By signing below, I am aware of and choose to waive my rights to privacy established by FERPA with respect to records involving academic matters, advising, admissions, and placement. The persons listed below have my permission to receive such information upon either verbal or written request.*

Guidance Counselor - Name: \_\_\_\_\_

Principal – Name \_\_\_\_\_

Parent(s) – Name(s) \_\_\_\_\_

Please Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed application to the campus you will attend:**

Office of Admissions · Husson University · 1 College Circle · Bangor, ME 04401-2999  
Husson University · Southern Maine Campus · 340 County Road · Westbrook, ME 04092-1901  
Husson University · Northern Maine Campus · 33 Edgemont Drive · Presque Isle, ME 04769