



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 _____

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

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.

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