



**Family Information:** (Name of parents or nearest relative we should contact in case of an emergency)

Name in full _____	Name in full _____
Mailing address _____	Mailing address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Relationship _____	Relationship _____

List relatives who have attended OCU and the dates they attended:

Name	Relationship	Dates Attended
_____	_____	_____
_____	_____	_____

List other friends/family members who might consider OCU: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about OCU? \_\_\_\_\_  
\_\_\_\_\_

Are you an athlete?  Yes  No Sport \_\_\_\_\_

Are you registered with the NCAA Clearinghouse?  Yes  No Clearinghouse ID Number \_\_\_\_\_

21st Century Scholar?  Yes  No

**Financial Assistance:** If you wish to be considered for Federal or State Financial Aid, complete and mail the Free Application for Federal Student Aid (FAFSA) to the processing center. The properly completed FAFSA will serve as an application for Federal and State Aid if filed by March 10th.

1. Are you a first generation college student?  Yes  No
2. Do you plan to apply for financial aid?  Yes  No
3. Do you expect to receive Veteran Benefits?  Yes  No
4. What is your financial aid preference for loans and Work-Study?  Federal Work-Study  Loans  Both
5. Do you expect to receive Employer Reimbursement?  Yes  No
6. Please list your employer and their address: \_\_\_\_\_  
\_\_\_\_\_

7. Are you or your mother, father, or spouse a member of a General Baptist Church?  Yes  No  
If yes, please indicate who is the member of the GB church and list the name of the church and its pastor: \_\_\_\_\_  
\_\_\_\_\_

8. Are you a minister or a dependent of a minister?  Yes  No  
If yes, please name the church and the denomination: \_\_\_\_\_  
\_\_\_\_\_

**Admissions Checklist: These are the items that Oakland City University needs for you to be considered for admission to the University.**

- 1. Application for admission.**
- 2. Official transcripts from all colleges/universities previously attended.**
- 3. Non-refundable \$35 application fee.**
- 4. High school transcript or GED scores.**

I understand that Oakland City University is church related and the policies and guidelines of the university mandate student behavior to be consistent with Christian principles. I also understand that Oakland City University is a drug and alcohol free school. I certify that the statements included in this application are accurate and true to the best of my knowledge, and authorize my high school/previous schools to furnish academic and personal information requested by Oakland City University.

\_\_\_\_\_  
Signature Date

**Application fee of \$35.00 must be received before application will be processed.**

## Request for College Transcript

Student Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Last term enrolled \_\_\_\_\_  
SSN# \_\_\_\_\_ DOB \_\_\_\_\_  
I hereby consent to have my transcripts released to Oakland City University.  
Requesting transcripts from \_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please send an official transcript of my Academic record to:

Oakland City University  
Office of Admissions  
138 N. Lucretia Street  
Oakland City, IN 47660

- Please bill me at my home address
- Please charge my Visa or Mastercard  
Number \_\_\_\_\_  
Exp. \_\_\_\_\_

## Request for High School Transcript

Student Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Last term enrolled \_\_\_\_\_  
SSN# \_\_\_\_\_ DOB \_\_\_\_\_  
I hereby consent to have my transcripts released to Oakland City University.  
Requesting transcripts from \_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please send an official transcript of my Academic record, SAT or ACT score, and my class rank to:

Oakland City University  
Office of Admissions  
138 N. Lucretia Street  
Oakland City, IN 47660

Please bill me at my home address if a transcript fee is charged.

**GUIDANCE COUNSELORS:** Please complete the information requested. Please include a brief evaluation indicating any special circumstances that may affect this student's ability to perform at the college level.

Date student graduated (or will graduate) from high school: \_\_\_\_\_

Current GPA \_\_\_\_\_ on a \_\_\_\_\_ scale. SAT or ACT score \_\_\_\_\_ and \_\_\_\_\_  
Individual Composite

Rank in class \_\_\_\_\_ of \_\_\_\_\_

Academic evaluation and recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

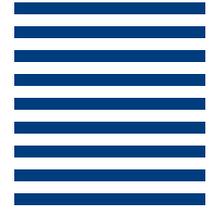


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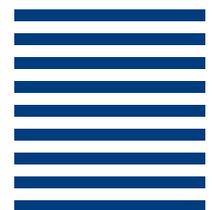


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