



**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.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.



Office Address:
 14 East Jackson Boulevard, Suite 1400
 Chicago, Illinois 60604-2201

Telephone: (312) 362-8001
 Outside Illinois: (866) SNL-FORU
 E-mail: sn1@depaul.edu
 Web: sn1.depaul.edu

Mailing Address:
 1 East Jackson Boulevard
 Chicago, Illinois 60604-2201



SCHOOL FOR
NEW LEARNING

LEARNING ASSESSMENT SEMINAR (LAS) REGISTRATION FORM

Please fill out this form clearly and return it by fax or by postal mail. Allow up to 5 business days for processing.

FAX NUMBER: (312) 362-8809. If you have any questions regarding LAS, please e-mail snllas@depaul.edu.

WINTER 2010

Sec.	Campus	Day	Date(s)	Time
803	O'Hare	Mondays	Nov. 30, Dec. 14	5:30 - 9:30 pm
804	Naperville	Tuesdays	Dec. 1, Dec. 15	5:30 - 9:30 pm
805	Loop	Thursdays	Dec. 3, Dec. 17	5:30 - 9:30 pm
806	Oak Forest	Saturdays	Jan. 9, Jan. 23	9 am - 1 pm
807	Loop	Mondays	Jan. 11, Jan. 25	5:30 - 9:30 pm
812	O'Hare	Wednesdays	Jan. 13, Jan. 27	5:30 - 9:30 pm
813	Naperville	Saturdays	Jan. 16, Jan. 30	9 am - 1 pm
814	Loop	Saturdays	Jan. 23, Feb. 6	9 am - 1 pm
815	O'Hare	Saturdays	Feb. 6, Feb. 20	9 am - 1 pm
820	Naperville	Tuesdays	Feb. 9, Feb. 23	5:30 - 9:30 pm
821	Loop	Thursdays	Feb. 18, Mar. 4	5:30 - 9:30 pm
822	Oak Forest	Thursdays	Feb. 25, Mar. 11	5:30 - 9:30 pm
823	Loop	Saturdays	Feb. 27, Mar. 13	9 am - 1 pm
824	O'Hare	Mondays	March 1, Mar. 15	5:30 - 9:30 pm
825	Loop	Tuesdays	March 2, Mar. 16	5:30 - 9:30 pm
826	Naperville	Thursdays	March 4, Mar. 18	5:30 - 9:30 pm
801	Online	N/A	Nov. 23 - Dec. 19	N/A
808	Online	N/A	Jan. 11 - Feb. 6	N/A
816	Online	N/A	Feb. 8 - Mar. 6	N/A

SPRING 2010

Sec.	Campus	Day	Date(s)	Time
901	Loop	Mondays	Mar. 29, Apr. 12	5:30 - 9:30 pm
902	O'Hare	Tuesdays	Mar. 30, Apr. 13	5:30 - 9:30 pm
903	Naperville	Thursdays	Apr. 1, Apr. 15	5:30 - 9:30 pm
908	Oak Forest	Saturdays	Apr. 10, Apr. 24	9 am - 1 pm
909	Naperville	Tuesdays	Apr. 13, Apr. 27	5:30 - 9:30 pm
910	O'Hare	Wednesdays	Apr. 14, Apr. 28	5:30 - 9:30 pm
911	Loop	Saturdays	Apr. 17, May 1	9 am - 1 pm
912	Loop	Tuesdays	Apr. 20, May 4	5:30 - 9:30 pm
913	Oak Forest	Wednesdays	Apr. 21, May 5	5:30 - 9:30 pm
914	Loop	Thursdays	Apr. 22, May 6	5:30 - 9:30 pm
915	Naperville	Saturdays	Apr. 24, May 8	9 am - 1 pm
916	O'Hare	Saturdays	May 1, May 15	9 am - 1 pm
921	Naperville	Thursdays	May 6, May 20	5:30 - 9:30 pm
922	Loop	Saturdays	May 8, May 22	9 am - 1 pm
904	Online	N/A	Apr. 5 - May 1	N/A
917	Online	N/A	May 3 - 29	N/A

Preferred Section number _____ 2nd choice _____

DePaul Student ID Number (if known) _____ 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 tuition 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 _____

Your signature obligates you for this tuition payment. Once registered, confirmation will be sent via email.
If you are not able to attend you must send written confirmation to SNL within 24 hours of class start.