


Touro

TOURO COLLEGE SOUTH

a Division of Touro College

Application for Admission

TOURO COLLEGE SOUTH

 a Division of Touro College

Office of Admissions • 1703 Washington Ave. • Miami Beach, FL 33139 • (305) 535-1066
touro-south@touro.edu

ADMISSIONS PROCEDURES & APPLICATION INSTRUCTIONS

Request for High School Transcript and SAT/ACT Scores

TO THE APPLICANT:

Fill in your name, address, years of attendance and social security number and give this form to the record office of the high school you are now attending.

TO THE HIGH SCHOOL RECORD OFFICE:

_____ student's name

_____ Social Security Number

whose address is _____

_____ street number and name

_____ city

_____ state

_____ zip

attended your school from ____/____/____, to ____/____/____, and is applying for admission to Touro College South, a division of Touro College.

I authorize the Office of Admissions to contact the high school directly regarding all aspects of the transcript including but not limited to the original request to send a transcript and obtaining a final transcript after graduation (Note: any fees associated with sending a transcript are solely the responsibility of the student).

Signed: _____

Date: _____

Please send the Office of Admissions a transcript of the high school record and copies of SAT/ACT scores for the student named above, as soon as possible.

Please observe the following procedures:

- 1) Indicate courses in progress on the transcript (preferably by the symbol * in the box where the grade would go).
- 2) Indicate courses taken in other schools and give the name of the schools.
- 3) If a mark represents other than 18 to 20 weeks of work taken per week, give the number of weeks and periods.
- 4) Indicate both the passing and the college recommendation mark for your school. If you use a letter system of grading or one unusual for any reason, please explain it.
- 5) Indicate all failures, even if subsequently made up.
- 6) Give the student's average and rank in class.
- 7) Attach this page to the transcript and send both to us at the address above.
- 8) Jewish high schools: If you maintain separate records for Jewish Studies, please send that transcript to us as well.

Thank you for your assistance in following these procedures.

Please check the correct statement below.

is expected to graduate on ____/____/____

was graduated on ____/____/____

was not graduated.

Final grade point average: _____ Rank in class _____ of _____

Name of school official who completed this form: _____

Title: _____ Signature: _____ Date: ____/____/____

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A DIVISION OF TOURO COLLEGE

Office of Admissions ❖ 1703 Washington Avenue ❖ Miami Beach, FL 33139

(305) 535-1066 ❖ Fax: (305) 535-1553 ❖ E-mail: tourosouth@touro.edu

GENERAL INFORMATION

Please type or print in ink and check all that apply.

1. SEMESTER OF DESIRED ENTRY: Fall Spring Summer 2. YEAR OF DESIRED ENTRY: _____
3. I AM ENTERING AS A: Freshman Freshman/Early Admission Re-applicant Visitor (Non-Matriculated)
 Transfer from an outside institution Transfer from another Touro division
4. INDICATE THE MAJOR YOU PLAN TO PURSUE: Psychology Judaic Studies Business History English

PERSONAL INFORMATION

5. SOCIAL SECURITY/SOCIAL INSURANCE NUMBER (OPTIONAL): _____ - _____ - _____ 6. Male Female
7. E-MAIL ADDRESS: _____ @ _____
8. NAME (please use your LEGAL name as found on your birth certificate, marriage certificate or passport): Miss Mrs. Ms. Mr. Rabbi

9. PERMANENT ADDRESS:

_____ () _____
Number and Street Apartment # Telephone
_____ () _____
City State Zip/Postal Code Cell Phone

10. CURRENT ADDRESS (if different from permanent):

_____ () _____
Number and Street Apartment # Telephone
_____ () _____
City State Zip/Postal Code Cell Phone

11. RACE/ETHNICITY (OPTIONAL):

- AMERICAN INDIAN/ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER BLACK (NON-HISPANIC)
 HISPANIC (REGARDLESS OF RACE) WHITE (NON-HISPANIC) OTHER (PLEASE SPECIFY) _____

12. DATE OF BIRTH: _____ / _____ / _____ 13. PLACE OF BIRTH: _____ / _____ / _____
Month Day Year City State Country

14. ARE YOU A US CITIZEN? Yes No if no, please complete the next section.

INTERNATIONAL STUDENTS COMPLETE THESE ITEMS:

15. COUNTRY OF CITIZENSHIP: _____ 16. COUNTRY OF RESIDENCY: _____ 17. FIRST LANGUAGE: _____
18. PERMANENT RESIDENT NUMBER OR VISA TYPE: _____ 19. I AM NOT A PERMANENT RESIDENT
20. I HAVE BEEN LIVING IN THE UNITED STATES SINCE: _____ / _____ / _____
Month Day Year

PREVIOUS EDUCATION

21. PLEASE LIST ALL SECONDARY SCHOOLS (HIGH SCHOOLS, GRADES 9-12) ATTENDED WITH MOST RECENT SCHOOL FIRST.

NAME OF SCHOOL	GRADES ATTENDED	LOCATION (CITY, STATE, ZIP)	GRADUATION DATE (EXPECTED)
1.			/
2.			MONTH YEAR ()
3.			School Phone
4.			Counselor's name

22. SECONDARY SCHOOL (HIGH SCHOOL) COLLEGE BOARD CODE NUMBER (AVAILABLE FROM YOUR COUNSELOR): _____

23. PLEASE INDICATE WHEN YOU TOOK OR WILL TAKE THE SAT ACT TOEFL:

_____ / _____ Month Year <input type="checkbox"/> took 1st testing <input type="checkbox"/> will take Critical Reading ____ Math ____ Written ____ Total ____	_____ / _____ Month Year <input type="checkbox"/> took 2nd testing <input type="checkbox"/> will take Critical Reading ____ Math ____ Written ____ Total ____
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24. I DID NOT / DO NOT PLAN TO TAKE THE SAT/ACT/TOEFL.

25. LIST ALL COLLEGES, UNIVERSITIES, YESHIVOS, AND/OR SEMINARIES (INCLUDING ISRAEL PROGRAMS/OPTIONS) PREVIOUSLY ATTENDED, OR IN WHICH YOU ARE CURRENTLY ENROLLED. THIS SECTION MUST BE COMPLETED WHETHER OR NOT TRANSFER CREDIT IS DESIRED.

Name of School	From		To		Credit Hours Attempted to Date	Cumulative Grade Average to Date	Degrees <small>(Please indicate if received or when expected)</small>
	Month	Year	Month	Year			
1.							
2.							
3.							
4.							

EXTRACURRICULAR ACTIVITIES

26. PLEASE LIST YOUR EXTRACURRICULAR, COMMUNITY AND WORK EXPERIENCE:

Activity/Work Experience	Participation by grade					Approximate Number of Hours Per Week Involved	Position, Office and/or Honors
	9th	10th	11th	12th	Post HS		
1.							
2.							
3.							
4.							

FAMILY INFORMATION

27. FATHER'S NAME OR HUSBAND'S NAME (IF APPLICABLE)

Last _____ First _____
 Living Deceased

Home Address (if different from applicant's) _____

City _____ State _____ Zip _____

Highest Grade or Degree Completed _____

Name of College(s) attended _____
Employer: _____
Job Title: _____
Business Address: _____

City _____ State _____ Zip _____
Business Phone: (____) _____

28. MOTHER'S NAME OR WIFE'S NAME (IF APPLICABLE)

Last _____ First _____
 Living Deceased

Home Address (if different from applicant's) _____

City _____ State _____ Zip _____

Highest Grade or Degree Completed _____

Name of College(s) attended _____
Employer: _____
Job Title: _____
Business Address: _____

City _____ State _____ Zip _____
Business Phone: (____) _____

ADDITIONAL INFORMATION

29. HOW DID YOU LEARN ABOUT TOURO COLLEGE SOUTH?

- Guidance Counselor Advertisement (Please indicate name of newspaper/magazine): _____
 Current or former student other _____

30. HAVE YOU PREVIOUSLY APPLIED TO TOURO COLLEGE?

Yes No

If yes, when: _____

31. HAVE YOU PREVIOUSLY ATTENDED TOURO COLLEGE?

Yes No

If yes, when: _____

32. LIST OTHER EDUCATIONAL INSTITUTIONS TO WHICH YOU HAVE APPLIED OR PLAN TO APPLY:

1. _____ 2. _____
3. _____ 4. _____

33. DO YOU HAVE IMMEDIATE FAMILY MEMBERS WHO HAVE ATTENDED OR ARE CURRENTLY ATTENDING TOURO COLLEGE? Yes No

If yes, please give name, relationship and years of attendance: _____

34. PLEASE LIST THE NAMES AND AGES OF YOUR BROTHERS AND SISTERS:

1. _____ 2. _____ 3. _____ 4. _____

35. DO YOU HAVE FAMILY MEMBERS WHO ARE EMPLOYED BY TOURO COLLEGE? Yes No

If yes, please give name, relationship and College/Department in which employed: _____

36. DO YOU PLAN TO REQUEST FINANCIAL AID DURING YOUR FIRST ACADEMIC YEAR? Yes No

(If yes, you must file the *Free Application for Federal Student Aid* (FAFSA) - www.fafsa.ed.gov)

37. GIVE THE NAMES OF TWO PEOPLE, ONE PREFERABLY A CLERGYMAN (AND NEITHER RELATED TO YOU), WHO WILL SERVE AS REFERENCES. **BE SURE TO ASK THEM TO FORWARD THEIR LETTERS OF RECOMMENDATION DIRECTLY TO THE OFFICE OF ADMISSIONS.**

Name	Address	Telephone #	Position
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL STATEMENT

Please choose one of the following topics and write an essay on that topic: 1) Describe a unique event in your life that has left a lasting impression and why; **OR** 2) Discuss the factors leading you to apply to Touro College South, your academic interests and your future plans; **OR** 3) You may also describe other activities, achievements or special circumstances which you would like to bring to the attention of the Committee on Admissions. Attach an additional page if necessary. (Please print neatly or type.)

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information or incorrect information may disqualify me from admission to Touro College or may later be the basis for my withdrawal or dismissal.

Applicant's Signature

Parent's Signature

(Required if applicant is under 18)

Date

Touro College South, a division of Touro College, does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.