



# APPLICATION FORM

- Rasmussen College **Brooklyn Park** • 8301 93rd Avenue N., Brooklyn Park, MN 55445-1512
- Rasmussen College **Eagan** • 3500 Federal Drive, Eagan, MN 55122-1346
- Rasmussen College **Eden Prairie** • 7905 Golden Triangle Drive, Suite 100, Eden Prairie, MN 55344
- Rasmussen College **Lake Elmo** • 8565 Eagle Point Circle, Lake Elmo, MN 55042
- Rasmussen College **Mankato** • 501 Holly Lane, Mankato, MN 56001-6803
- Rasmussen College **Rockford** • 6000 East State Street, Fourth Floor, Rockford, IL 61108-2513
- Rasmussen College **St. Cloud** • 226 Park Avenue S., St. Cloud, MN 56301-3713

**Rasmussen College Online** • To apply please visit [www.rasmussenonline.edu](http://www.rasmussenonline.edu)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male  Female Social Security Number: \_\_\_\_\_

Ethnic Origin: (optional) \_\_\_\_\_ Marital Status: (optional) \_\_\_\_\_

High School Attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ GED Date (if applicable): \_\_\_\_\_

Name(s) of College(s) Attended: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

(3) \_\_\_\_\_ (5) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Selected: \_\_\_\_\_  Day  Evening  Online

Starting Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Do you wish to transfer any credits into Rasmussen? \_\_\_\_\_

Do you wish to apply for financial assistance? \_\_\_\_\_

## Application Fee

An application fee must accompany this completed application. Please have transcripts from any schools listed on this application form forwarded to us as soon as possible.

I hereby authorize Rasmussen College to furnish referral counselors, prospective employers or other qualified individuals with my academic and performance records.

- Application Fees:\*
  - Degree/Diploma/Certificate Programs: \$60
  - Individual Class: \$20

I have enclosed \$ \_\_\_\_\_ for my application fee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\* The fee will be refunded if the applicant is not accepted, or if notice of cancellation is received within five business days after student receives written notice of fee payment. Wisconsin residents: Fee is refundable if the applicant is not accepted, or if notice of cancellation is given within three business days after student receives written notice of fee payment.