



Personal  
Information

Legal name \_\_\_\_\_  
*Last First Middle Maiden*

Preferred name \_\_\_\_\_ Other name under which transcripts may be listed \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
*Street/ P.O. Box/ Apartment*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
*if outside the U.S.*

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

May we contact you by text message?  Yes  No

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Citizenship:  United States Citizen  Permanent Resident (*must provide copy of permanent resident card*)  Other

Race (for statistical purposes only):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

Ethnicity (for statistical purposes only):

- Hispanic/Latino
- Non-Hispanic/Latino

Gender:  Male  Female Religion/Denomination (optional) \_\_\_\_\_

Do you plan to apply for grants and/or loans through Financial Aid?  Yes  No  
*If yes, please complete the Free Application for Federal Student Aid at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).*

How did you hear about Midway University programs? *Please check all that apply.*

Newspaper  Television  Radio  Website  Social Media  Other \_\_\_\_\_

Emergency  
Contact

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address if different from yours \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

*Midway University does not discriminate on the basis of race, color, religion, sex (including pregnancy and gender identity), national or ethnic origin, disability (physical or mental), genetic information, parental status, sexual orientation, marital status, age, political affiliation or belief or any other protected factor in the administration of its educational policies or in its employment practices.*

Please designate your intended program of study.

<input type="checkbox"/> Master of Business Administration <input type="checkbox"/> In-seat (choose location) <input type="checkbox"/> Midway Campus <input type="checkbox"/> Lexington Offsite Location <input type="checkbox"/> Online Choose optional online concentration: <input type="checkbox"/> Health Care Administration <input type="checkbox"/> Equine Studies <input type="checkbox"/> Sport Management <input type="checkbox"/> Tourism & Event Management	<input type="checkbox"/> Master of Education Teacher Leader Program (online only)
	<input type="checkbox"/> Master of Science in Nursing (online only) Choose concentration: <input type="checkbox"/> Nursing Administration <input type="checkbox"/> Nursing Education

In what year do you wish to enroll? \_\_\_\_\_

In which 8-week Module term do you wish to begin?

- Module 1 (August)  
  Module 2 (October)  
  Module 3 (January)  
  Module 4 (March)  
  Module 5 (June)

Please indicate below all prior college attendance. Failure to disclose all colleges previously attended will result in disqualification of your application for admission to Midway University.

College/Institution	Degree Awarded	Major	GPA (4.0 scale)	Year of Graduation

Have you previously applied to or attended Midway?    No    Yes   If yes, when? \_\_\_\_\_

There is a non-refundable \$30 application fee required for processing. The fee can be paid by check or by phone by contacting the Business Office at 859-846-5820. This application cannot be changed after submission. It becomes part of your student records file and will be treated with appropriate confidentiality. The requested information is used to determine eligibility for admission; to evaluate academic history; to support financial aid requests; to conduct demographic research for program evaluation; to comply with state and federal reporting requirements; and for other uses as required by law or accreditation standards. By signing below, you agree to the following statements:

- I certify that all of the information submitted in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.
- I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based.

Signature \_\_\_\_\_

Date \_\_\_\_\_