

# Erikson Institute

451 North LaSalle Street, Chicago, IL 60654

Application for Admission  
Online courses/Student at Large

Date you wish to enroll:  Fall  Spring  Summer 200\_\_\_\_\_

**Note:** You can fill out this form on your computer using Acrobat Reader and print it out.

## PERSONAL DATA

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Birth name)

Other names you have used \_\_\_\_\_  
(Last) (First) (Middle)

E-mail address \_\_\_\_\_

Current address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State) (Zip/Postal code)

\_\_\_\_\_  
(Country, if not U.S.) Current until: \_\_\_\_\_  
(MM/DD/YY)

Permanent address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State) (Country, if not U.S.) (Zip/Postal code)

Telephone - Residence (\_\_\_\_\_) \_\_\_\_\_ Telephone - Mobile (\_\_\_\_\_) \_\_\_\_\_

Date of birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status:  single  married  other: \_\_\_\_\_ Gender:  Female  Male

Are you a U.S. Citizen?  Yes  No If not, what is your country of citizenship? \_\_\_\_\_

If not a U.S. citizen, are you a permanent resident of the U.S.?  Yes  No

If you are living in the U.S. and are not a permanent resident, what is your visa classification? \_\_\_\_\_

Race/ethnicity (optional):  Black/African American  Asian/Asian American  
 American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  Latino/Latina  
 White, non-Hispanic  Other \_\_\_\_\_

Have you ever applied to, been admitted to, or enrolled in a degree or certificate program at Erikson Institute?  
 Yes  No



## TRANSCRIPT REQUEST

You must request that official, sealed transcripts of all previous college and university work be sent directly to Erikson Institute by the registrar of each institution attended. Transcripts and records should be sent to:

**Erikson Institute  
Admissions Office  
451 North LaSalle Street  
Chicago, Illinois 60654**

**Applications will not be reviewed until all transcripts have been received.**

## SIGNATURE

I hereby certify that the information given by me on this application is complete and accurate. I understand that the knowing submission of false or misleading information may, at Erikson Institute's sole discretion, result in denial or revocation of admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**A non-refundable fee of \$15 is required at the time this Application for Admission is submitted.  
Please make check payable to Erikson Institute.**

Erikson Institute does not discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, age, disability, or veteran status in matters of admission, employment, or services or in the educational programs or activities it operates, in accordance with civil rights legislation and institutional commitment. Any alleged violations of this policy should be directed to the Vice President for Academic Affairs.

7/21/2008 TLS

# Erikson Institute

420 N. Wabash Ave., Chicago, IL 60611-5627

## Applicant Self-Disclosure Form & Permission for Background Check

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The Institute requires the following disclosures both to comply with state law regarding field placements and also to ensure a safe environment for all members of the Institute community. The existence of a conviction or past disciplinary problem in your record does not necessarily mean that you will be denied admission to Institute programs or dismissed from the programs. Each case is evaluated individually on its facts and not all convictions or disciplinary actions are considered disqualifying to the course of study at the Institute. Please answer the following questions honestly; any false or misleading statements may result in rescission of admission or dismissal. Prior to beginning an internship, each student will be required to undergo and successfully complete a name-based student background check.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Have you ever had a professional certificate or license denied, suspended or revoked?  
 Yes       No
2. Have you ever been convicted of a felony or any sex, narcotics or drug offense?  
 Yes       No

*For purposes of this form, a "conviction" includes any plea of guilty or finding of guilt by a judge or jury to charges that you committed a crime other than a minor traffic offense. This includes any pleas of no contest or nolo contendere, or any conviction currently being appealed.*

*You need not disclose any instance in which you were (1) arrested but not charged, (2) arrested and charged but the charges were dropped, (3) arrested and tried but found not guilty by a judge or jury, (4) arrested and found guilty, but the conviction was reversed on appeal, or (5) found or pleaded guilty but were subsequently pardoned.*

3. Have you ever been named by an agency responsible for child welfare as a perpetrator in any indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?  
 Yes       No

If you answer "yes" to any of the above questions, you are required to furnish complete details, including date, place, and documents (including police reports, certified court records, or any other documents constituting judicial, legislative, or agency decisions relating to the conduct at issue). Please answer these questions honestly; any false or misleading statements may result in rescission of admission or dismissal.

I, \_\_\_\_\_ understand that I have a continuing duty to disclose and agree to notify the Institute immediately of any conviction that occurs while I am enrolled at the Institute. I understand that I may be asked to respond to follow-up questions at subsequent intervals, to undergo fingerprinting analysis at the request of outside field placement entities, or to agree to an updated criminal background check during my studies at the Institute.

By my signature below, I authorize the Institute to obtain information from appropriate persons to validate or learn more about the above-referenced conduct or circumstances. I authorize the pertinent government agencies to disclose to appropriate officials of the Institute, on a strict need-to-know basis, the facts and circumstances of my criminal convictions, incarcerations, probations, and parole, if any. Finally, I consent to this disclosure to permit the Institute to make informed, education-related decisions regarding my admission, participation in internships or other field service, or continued studies at the Institute.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date