



APPLICATION
FOR ADMISSION

HYLES-ANDERSON
COLLEGE

Applying to Hyles-Anderson College

Thank you for your interest in Hyles-Anderson College. Please carefully follow the instructions below. Let the Office of Admissions know of any questions you may have. In order to be considered for admission, the following steps must be completed.

- ☐ Complete the **application form** and submit it to the Office of Admissions or a college representative. You may also complete the application form online at hylesanderson.edu.
- ☐ Completed **pastoral reference form**. If the pastor is related to you, please ask a man in a position of leadership in your church to complete a reference for you. This reference should be completed no more than 15 months before the semester you plan to register.
- ☐ Completed **personal reference forms**. Take or send a reference form and a business reply envelope to two of your friends or business associates. Each should complete the form and return it to the Office of Admissions. You are not to see this information. No references may be received from relatives. These references should be completed no more than 12 months before you register.
- ☐ Complete and return the **medical history form**. You are to fill out the medical history form with a completed list of all immunizations.
- ☐ Completed **physical form with TB test**. The physical form must be filled out by a physician.
- ☐ Complete and return the **emergency permit form**.
- ☐ Use the enclosed **transcript request form** to arrange for submission of official high school transcript(s) and college transcript(s), if applicable. Transcripts must be mailed by your high school and college directly to the Office of Admissions. **High school seniors**, please ask your high school to fax a copy of your grades once you have completed the first semester of your senior year. Then ask them to mail an official copy of your final transcript to us after you graduate. **High school graduates**, ask your school to fax us a copy of your grades now and then put an official copy in the mail for us. **Home school students** should have their grades mailed in by the person(s) or institution(s) that oversees their day-to-day progress.
- ☐ Be sure to **attach a small, good-quality photo** (head and shoulders) of yourself to your application.
- ☐ A \$50 **application fee** may be paid by check or money order made payable to Hyles-Anderson College. You may also call us at 219.365.4031, Extension 1239 or go online at hylesanderson.edu to submit payment.
- ☐ Take and receive your **ACT test scores**. Go online to actstudent.org to find current test dates. Have your test scores sent to Hyles-Anderson College from the testing agency, even if they appear on your transcripts. Our college code is 1199.

[important information regarding the application process]

- In all correspondence with Hyles-Anderson College, please use your full name, address, and ZIP Code. Also, on each envelope you send us, please write "Attention Office of Admissions."
- Please be sure your name is on all forms before you distribute them.
- The deadlines for the Office of Admissions to receive all required application materials are the first Friday in August for fall applicants and the second Friday in December for the spring applicants.

[make an impact]

at Hyles-Anderson College

In today's world, it's not hard to see the need for an impact for Christ. Everywhere we look, we see people searching for an answer to the problems in their lives.

We at Hyles-Anderson College are devoted to training you to make an impact on your world. With 38 majors and minors, we've given you the ability to create a unique class schedule that allows you to emphasize the areas which God has given you the desire to study. Our classes, many of which are taught by pastors, missionaries, and Bible scholars give you the knowledge.

Our weekends, spent with people in the ministries of First Baptist Church, give you the hands-on training. As a student of Hyles-Anderson College, you will be equipped with the skills and knowledge necessary to make an impact for Christ.

[other requirements]

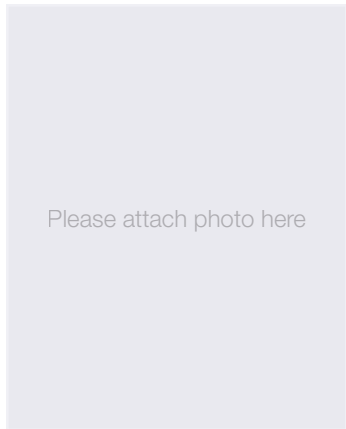
- Married men must be at least 20 years old by registration day to enroll. Married women must be at least 19 years old by registration day to enroll.
- If you are a citizen of a foreign country, you need to read our helpful instruction sheet, "Guidelines for Prospective Student Visa Recipients." You may request this by contacting the Office of Admissions.

[apply online]

Visit hylesanderson.edu to fill out your application, pay your application fee, upload a photo, and even chat with a representative.

[visit our campus]

Twice annually we host high school juniors and seniors from around the country for College Days. For more information or to schedule a tour, call us at 219.365.4031, Extension 1239.



Office Use Only

Date Received _____

Application Fee Paid _____

Approved _____

HYLES**-ANDERSON**

COLLEGE

Application for Admission

Application for:

☐ Fall Semester 20____

☐ Spring Semester 20____

☐ Summer School 20____

Select One:

☐ Freshman

☐ Transfer

Select One:

☐ On-Campus

☐ Off-Campus

I Am:

☐ Hearing

☐ Deaf

I Have Applied to HAC before:

☐ No

☐ Yes

[SECTION 1: PERSONAL INFORMATION]

☐ Mr. ☐ Mrs. ☐ Miss Name First Middle Last Maiden

Name usually called Email Address

Address Apt. #

City State Zip Country ☐ United States ☐ Other

Home Phone () - Cell Phone () -

Social Security Number - - Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Annulment If married, name of spouse

Birthplace Country of Citizenship Date of Birth MM/DD/YYYY

If you are not a U.S. citizen, please specify your status, including documentation:

If you are in the U.S. and applying as an international student, what type of visa do you hold?

Father's Full Name First Middle Last Living ☐ Yes ☐ No

Address (if different than above) Apt. #

City State Zip Country ☐ United States ☐ Other

Occupation Phone () -

Mother's Full Name First Middle Last Living ☐ Yes ☐ No

Address (if different than above) Apt. #

City State Zip Country ☐ United States ☐ Other

Occupation Phone () -

Parents' Email Address

Younger Sibling Year of High School Graduation

Younger Sibling Year of High School Graduation

Younger Sibling Year of High School Graduation

Church Name Pastor

Address Phone () -

City State Zip How many years have you attended this church?

What practical Christian experience do you have?

How long have you been saved?

Have you ever been charged with or convicted of a felony?

☐ Yes☐ No

Have you ever been divorced or had a marriage annulled?

☐ Yes☐ No

Do you have any children?

☐ Yes☐ No If yes, how many?

Have you ever used tobacco?

☐ Yes☐ No If yes, when did you last use it (month/year)?

Have you ever consumed alcoholic beverages?

☐ Yes☐ No If yes, when did you last drink (month/year)?

Have you ever attended a movie?

☐ Yes☐ No If yes, when did you last attend (month/year)?

Have you ever attended a dance?

☐ Yes☐ No If yes, when did you last attend (month/year)?

Have you ever used illegal drugs?

☐ Yes☐ No If yes, when did you last use them (month/year)?

Have you ever sold illegal drugs?

☐ Yes☐ No If yes, when did you last sell them (month/year)?

Have you ever sought or received psychiatric counsel?

☐ Yes☐ No

Is there anything in your past about which we should know?

☐ Yes☐ No If yes, please briefly explain.

Are you in debt?

☐ Yes☐ No If yes, how much?

What is the general condition of your health?

What is your present occupation?

Work Phone

[SECTION 2: ACADEMIC BACKGROUND]

Date of Graduation

☐ Traditional High School

Name of School

Years Attended

☐ 9th☐ 10th☐ 11th☐ 12th

School Address

City

State

Zip

Phone () -

☐ Home School

Diploma Issued by

Years Attended

☐ 9th☐ 10th☐ 11th☐ 12th

☐ G.E.D.

When will/did you take the test?

Did you pass?

☐ Yes☐ No

Are you seeking admission to any other colleges?

☐ Yes☐ No (If YES, which ones?)

Have you ever been suspended, expelled, or dismissed as a student from any educational institution?

☐ Yes☐ No (If YES, please briefly explain.)

How did you first hear of Hyles-Anderson College?

What prompted you to apply to Hyles-Anderson College?

What major or program of study do you intend to pursue?

If a transfer applicant, please list college(s) attended. (Please have official transcripts from each institution sent to Hyles-Anderson Office of Admissions.)

College

City

State

Dates Attended

MM/YYYY

Degree(s) Earned

College

City

State

Dates Attended

MM/YYYY

Degree(s) Earned

[SECTION 3: PERSONAL TESTIMONY]

Please write a short but detailed explanation about (1) your salvation experience, (2) your reasons for attending Hyles-Anderson College, (3) your call to service, and (4) your plans after you graduate. This must be at least a full paragraph in length but may consist of more if you choose.

[illegible]

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Hyles-Anderson College. Upon registration, I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Hyles-Anderson College.

Signature of Applicant

Date Signed

The \$50 application fee is required for you to be considered for the final stage of acceptance. In order to pay this fee now by credit card, please complete the following:

Cardholder's Name

Applicant's Name

Cardholder's Billing Address

Card Number

Expiration Date

CID #

Cardholder's Signature

HYLES-ANDERSON COLLEGE

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS

8400 Burr Street | Crown Point, IN 46307

888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
hylesanderson.edu | facebook.com/hylesanderson

Pastoral Reference Form

TO THE APPLICANT: This form should be given to your pastor to complete and return to the college. If you are related to the pastor, please have another church leader who is not related to you complete this form.

TO THE PASTOR: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a pastoral reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307. This reference will remain confidential.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section to be completed by the applicant.					
Applicant's Name		Phone () -			
Address		City	State		Zip
Semester of Planned Enrollment		<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____			
<i>This reference should be completed no more than fifteen (15) months before you plan to enroll.</i>					
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
How well do you know the applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
How would you rate the applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering the applicant, would you recommend him/her?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back)	
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you consider hiring this applicant in the future?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		
Does this applicant have any significant factors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		

Additional comments:

Pastor's Signature

Date MM/DD/YYYY

Pastor's Name (please print)

If Not Pastor, Position in the Church

Church

Address

Apt. #

City State Zip Country ☐ United States ☐ Other

Phone () - Email address

Are you a Hyles-Anderson Alumni? ☐ Yes, Class of ☐ No

please submit this form to:

Hyles-Anderson College
Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu

Personal Reference Form

TO THE APPLICANT: This form should be given to a business associate, employer, teacher, or person of authority to complete and return to the college. Relatives may not fill out a personal reference form.

TO THE REFERENCE: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a personal reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section to be completed by the applicant.				
Applicant's Name		Phone () -		
Address		City	State	Zip
Semester of Planned Enrollment	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__	<input type="checkbox"/> Fall 20__	
<i>This reference should be completed no more than twelve (12) months before you plan to enroll.</i>				

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering the applicant, would you recommend him/her?	<input type="checkbox"/> With enthusiasm		<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back)	
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you hire this applicant to work for you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		
Does this applicant have any significant factors in his background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		

HYLES-ANDERSON
COLLEGE

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8400 Burr Street | Crown Point, IN 46307
888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
hylesanderson.edu | facebook.com/hylesanderson

Additional comments:

Signature of Reference

Date MM/DD/YYYY

Name of Reference (please print)

Church

Address

Apt. #

City State Zip Country ☐ United States ☐ Other

Phone () - Email address

Are you a Hyles-Anderson Alumni?

☐ Yes, Class of _____

☐ No

please submit this form to:

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Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu

Personal Reference Form

TO THE APPLICANT: This form should be given to a business associate, employer, teacher, or person of authority to complete and return to the college. Relatives may not fill out a personal reference form.

TO THE REFERENCE: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a personal reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307.

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Applicant's Name		Phone () -	
Address	City	State	Zip
Semester of Planned Enrollment <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____			
<i>This reference should be completed no more than twelve (12) months before you plan to enroll.</i>			

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering the applicant, would you recommend him/her?	<input type="checkbox"/> With enthusiasm		<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back)	
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you hire this applicant to work for you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		
Does this applicant have any significant factors in his background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		

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Additional comments:

Signature of Reference

Date MM/DD/YYYY

Name of Reference (please print)

Church

Address

Apt. #

City State Zip Country ☐ United States ☐ Other

Phone () - Email address

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please submit this form to:

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fax
219.365.2029

email
admissions@hylesanderson.edu

Medical Form

Name _____

Address _____ City _____ State _____ Zip _____

Marital Status ☐ Single ☐ Married Age _____ Gender ☐ Male ☐ Female

Date of Birth *MM/DD/YYYY* Occupation _____ ☐ Part-time Student ☐ Full-time Student

Personal History *(Check all that apply. If yes, give the date of the most recent symptoms.)*

<input type="checkbox"/> Drug Abuse _____	<input type="checkbox"/> Thyroid Disease _____	<input type="checkbox"/> Stomach Ulcer/Gastritis _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Anemia _____	<input type="checkbox"/> Gallbladder Disease _____
<input type="checkbox"/> Seizures _____	<input type="checkbox"/> Scoliosis _____	<input type="checkbox"/> Allergies _____
<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Back Injury _____	<input type="checkbox"/> Pneumonia _____
<input type="checkbox"/> Arthritis _____	<input type="checkbox"/> Mumps/Measles _____	<input type="checkbox"/> Asthma _____
<input type="checkbox"/> Skin Problem _____	<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Migraine Headaches _____
<input type="checkbox"/> High Blood Pressure _____	<input type="checkbox"/> Venereal Disease _____	<input type="checkbox"/> Previous Pregnancies _____
<input type="checkbox"/> Heart Disease _____	<input type="checkbox"/> Kidney Disease _____	<input type="checkbox"/> Sexually Transmitted Disease _____
<input type="checkbox"/> Tuberculosis _____	<input type="checkbox"/> Liver Disease _____	<i>(condyloma, HIV positive)</i>

Do you take any medications regularly? ☐ Yes ☐ No *(If yes, please list them.)*

Have you had any surgeries? ☐ Yes ☐ No *(If yes, please list them.)*

Have you ever sought psychiatric/psychological counsel? ☐ Yes ☐ No *(If yes, please list below.)*

Name of Doctor _____ City _____ State _____

Name of Facility _____ City _____ State _____

Dates of Care _____

IMMUNIZATIONS *(give month, day, and year.)*

DPT (Diphtheria, Tetanus, Whooping Cough) _____

OPV (Oral Polio) _____

Measles (Rubeola) _____

German Measles (Rubella) _____

Mumps _____

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Physical Form

TO THE APPLICANT: This form must be completed by your physician no more than one year before you enroll.

The deadline for submitting a complete physical form is thirty days after the first day of registration for the first semester enrolled if you are a full-time and/or dorm student. A complete physical form includes this form AND the results from the Tuberculin PPD test AND, if this test is positive, the **results** from the chest X-ray.

These tests may cost up to \$100 **or more** and may take up to 7-10 days **or longer** to complete. No matter the cost or the time required, it is the student's responsibility to submit a complete physical form before the above deadline.

No student will be allowed to attend any class after midterms **until his or her complete physical form has been submitted to the Admissions Office.**

TO THE PHYSICIAN: Every blank is required. Thank you for your assistance.

Name		Today's Date MM/DD/YYYY	
Date of Birth MM/DD/YYYY	Height	Weight	
Temperature	Pulse	Blood Pressure	
Vision (without glasses)	Right	Left	
Vision (with glasses)	Right	Left	
Urine	Sugar	Ketone	
<div><div>Tuberculin PPD (mantoux): Date GivenDate Read MM/DD/YYYYResults*</div><div>*If positive, chest X-ray: Date Read MM/DD/YYYYResults</div><div>This test is required.</div></div>			
General Appearance <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Skin		Reoccurring skin problems?	
Ears	Heart	Nose/Throat	
Lungs	Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdomen	Hernias?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gynecological History			
Extremities			
Orthopedic			
General Comments			
Does this person seem to be capable of being enrolled in college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician's Signature			
Physician's Name			
Address		City	State Zip
Phone () -			

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Emergency Permit Form

PLEASE READ: This permit is required of every student. If the student will be 18 years of age before registration, he or she must sign below after he/she turns 18. If the student will not be 18 before registration, the person legally responsible for him/her must sign.

Name of Student/Applicant				
Date of Birth	Age	Social Security Number	-	-
<i>In the event that an emergency should arise, I hereby give Hyles-Anderson College permission to authorize emergency anesthesia, surgery, and/or procedures for the above-named student/applicant as deemed necessary.</i>				
Signature		Today's Date MM/DD/YYYY		
Relationship of Signer to Student	<input type="checkbox"/> Self (if 18 or older)	<input type="checkbox"/> Other		
Address of Signer		City	State	Zip
Phone () -		Cell Phone		



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If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
hylesanderson.edu | facebook.com/hylesanderson

Transcript Release Form

TO THE APPLICANT: Please complete this form and submit it to your high school guidance officer and the registrar's office at all higher educational institutions you have attended (copy form as necessary.)

TO THE PERSON COMPLETING THIS FORM: I (the student named below) am an applicant for admission to Hyles-Anderson College and hereby give my permission for the release of my official transcripts. If I am currently a high school senior, please send a transcript after I have completed the first semester of my senior year. Upon graduation, please send the transcript of my final semester. These records must be mailed, not faxed. If you have a copy of my immunization records, please send those as well. Please mail the transcripts promptly. The Admissions Office must receive my transcripts BEFORE I can be considered for admission. Please send the transcript of my records to **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307**

Name				
Address		City	State	Zip
Attended from	MM/YYYY	to	MM/YYYY	
Date of Birth	MM/DD/YYYY	Social Security Number	-	-
Student's Signature		Date	MM/DD/YYYY	

please submit all transcript information to:

Hyles-Anderson College
Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu



PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS
8400 Burr Street | Crown Point, IN 46307
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