APPLICATION FOR ADMISSION

HYLESANDERSON 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.

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.

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.

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

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.
Application for Admission

Application for:
- Fall Semester 20____
- Spring Semester 20____
- Summer School 20____

Select One:
- Freshman
- Transfer
- 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

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)

City

State

Zip

Country ☐ United States ☐ Other

Occupation

Phone ( ) -

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

Address (if different than above)

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.)

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State</th>
<th>Dates Attended</th>
<th>MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Degree(s) Earned

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State</th>
<th>Dates Attended</th>
<th>MM/YYYY</th>
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</tbody>
</table>

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.

_________________________________________________________________________________________
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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
### 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.**

<table>
<thead>
<tr>
<th>This section to be completed by the applicant.</th>
<th>Phone ( ) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Semester of Planned Enrollment</td>
<td></td>
</tr>
<tr>
<td>Spring 20____</td>
<td>Summer 20____</td>
</tr>
<tr>
<td>Fall 20____</td>
<td></td>
</tr>
</tbody>
</table>

This reference should be completed no more than fifteen (15) months before you plan to enroll.

<table>
<thead>
<tr>
<th>How many years have you known this applicant?</th>
<th>Less than 1</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well do you know the applicant?</td>
<td>By name/sight</td>
<td>Casually (few personal contacts)</td>
<td>Fairly well (numerous personal contacts)</td>
<td>Very close relationship</td>
<td>Unknown</td>
</tr>
<tr>
<td>How would you rate the applicant’s Christian character?</td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
<td>Unknown</td>
</tr>
<tr>
<td>How would you rate the applicant’s dependability?</td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
<td>Unknown</td>
</tr>
<tr>
<td>How would you rate the applicant’s ability to get along with others?</td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
<td>Unknown</td>
</tr>
<tr>
<td>How would you rate the applicant’s cooperation?</td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
<td>Unknown</td>
</tr>
<tr>
<td>How would you rate the applicant’s general intelligence?</td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
<td>Unknown</td>
</tr>
<tr>
<td>In considering the applicant, would you recommend him/her?</td>
<td>With enthusiasm</td>
<td>Yes</td>
<td>With caution</td>
<td>No (If no, please explain on back)</td>
<td></td>
</tr>
<tr>
<td>Does this applicant pay his/her bills on time?</td>
<td>Yes</td>
<td>As far as I know</td>
<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Would you consider hiring this applicant in the future?</td>
<td>Yes</td>
<td>No (If no, please explain on back)</td>
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</tr>
<tr>
<td>Is this applicant the kind of person with whom you would want your son/daughter to be close friends?</td>
<td>Yes</td>
<td>No (If no, please explain on back)</td>
<td></td>
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<tr>
<td>If this applicant has not finished high school, when do you expect he/she will finish?</td>
<td>MM/YYYY</td>
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<tr>
<td>Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?</td>
<td>Yes</td>
<td>No (If no, please explain on back)</td>
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<tr>
<td>Does this applicant have any handicaps or disabilities?</td>
<td>Yes (If yes, please explain on back)</td>
<td>No</td>
<td></td>
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<tr>
<td>Does this applicant have any significant factors in his/her background which we should know?</td>
<td>Yes (If yes, please explain on back)</td>
<td>No</td>
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<tr>
<td>Field</td>
<td>Details</td>
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<tr>
<td>Pastor's Signature Date</td>
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<tr>
<td>Pastor's Name (please print)</td>
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<tr>
<td>If Not Pastor, Position in the Church</td>
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<tr>
<td>Church</td>
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<td>Address</td>
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<td>Other</td>
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<tr>
<td>Phone</td>
<td>(_____ ) -</td>
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<tr>
<td>Email address</td>
<td></td>
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</tr>
<tr>
<td>Are you a Hyles-Anderson Alumni?</td>
<td>☐ Yes, Class of ___________ ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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<td>Zip</td>
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<tr>
<td>Semester of Planned Enrollment</td>
<td></td>
</tr>
</tbody>
</table>

*This reference should be completed no more than twelve (12) months before you plan to enroll.*

- How well do you know the applicant?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- How would you rate the applicant’s Christian character?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- How would you rate the applicant’s dependability?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- How would you rate the applicant’s ability to get along with others?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- How would you rate the applicant’s cooperation?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- How would you rate the applicant’s general intelligence?  
  - Excellent  
  - Good  
  - Average  
  - Poor  
  - Unknown

- In considering the applicant, would you recommend him/her?  
  - With enthusiasm  
  - With caution  
  - No (If no, please explain on back)

- How many years have you known this applicant?  
  - Less than 1  
  - 1-2  
  - 3-5  
  - 6-9  
  - 10+

- Does this applicant pay his/her bills on time?  
  - Yes  
  - As far as I know  
  - No  
  - Unknown

- Would you hire this applicant to work for you?  
  - Yes  
  - 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?  
  - Yes  
  - 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?  
  - Yes  
  - No (If no, please explain on back)

- Does this applicant have any handicaps or disabilities?  
  - Yes (If yes, please explain on back)  
  - No

- Does this applicant have any significant factors in his background which we should know?  
  - Yes (If yes, please explain on back)  
  - No
Additional comments:

Signature of Reference

Name of Reference (please print)

Church

Address

City State Zip

Apt. #

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

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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

- Spring 20____
- Summer 20____
- Fall 20____

This reference should be completed no more than twelve (12) months before you plan to enroll.

How well do you know the applicant?  

- Excellent  
- Good  
- Average  
- Poor  
- Unknown

How would you rate the applicant’s Christian character?  

- Excellent  
- Good  
- Average  
- Poor  
- Unknown

How would you rate the applicant’s dependability?  

- Excellent  
- Good  
- Average  
- Poor  
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How would you rate the applicant’s ability to get along with others?  

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- Average  
- Poor  
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How would you rate the applicant’s cooperation?  

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How many years have you known this applicant?  

- Less than 1  
- 1-2  
- 3-5  
- 6-9  
- 10+

Does this applicant pay his/her bills on time?  

- Yes  
- As far as I know  
- No  
- Unknown

Would you hire this applicant to work for you?  

- Yes  
- 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?  

- Yes  
- 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?  

- Yes  
- No (If no, please explain on back)

Does this applicant have any handicaps or disabilities?  

- Yes (If yes, please explain on back)  
- No

Does this applicant have any significant factors in his background which we should know?  

- Yes (If yes, please explain on back)  
- No

Please call us at 888.374.9537 or visit us online at hylesanderson.edu.

hylesanderson.edu | facebook.com/hylesanderson
Additional comments:

Signature of Reference

Name of Reference (please print)

Church

Address

City State Zip Country

Apt. #

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
# Medical Form

**Name**

**Address**

**City**

**State**

**Zip**

**Marital Status**

- [ ] Single
- [ ] Married

**Date of Birth**

**Occupation**

- [ ] Part-time Student
- [ ] Full-time Student

**Age**

**Gender**

- [ ] Male
- [ ] Female

**Personal History**

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

- [ ] Drug Abuse
- [ ] Diabetes
- [ ] Seizures
- [ ] Rheumatic Fever
- [ ] Arthritis
- [ ] Skin Problem
- [ ] High Blood Pressure
- [ ] Heart Disease
- [ ] Tuberculosis
- [ ] Thyroid Disease
- [ ] Anemia
- [ ] Scoliosis
- [ ] Back Injury
- [ ] Mumps/Measles
- [ ] Chicken Pox
- [ ] Venereal Disease
- [ ] Kidney Disease
- [ ] Liver Disease
- [ ] Stomach Ulcer/Gastritis
- [ ] Gallbladder Disease
- [ ] Allergies
- [ ] Pneumonia
- [ ] Asthma
- [ ] Migraine Headaches
- [ ] Previous Pregnancies
- [ ] Sexually Transmitted Disease (condyloma, HIV positive)
- [ ] Mumps/Measles
- [ ] Chicken Pox
- [ ] Venereal Disease
- [ ] Kidney Disease
- [ ] Liver Disease

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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[HYLES ANDERSON COLLEGE](https://hylesanderson.edu)

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
**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Today's Date MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth MM/DD/YYYY</td>
<td>Height</td>
</tr>
<tr>
<td>Temperature</td>
<td>Pulse</td>
</tr>
<tr>
<td>Vision (without glasses)</td>
<td>Right</td>
</tr>
<tr>
<td>Vision (with glasses)</td>
<td>Right</td>
</tr>
<tr>
<td>Urine</td>
<td>Sugar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuberculin PPD (mantoux): Date Given</th>
<th>Date Read MM/DD/YYYY</th>
<th>Results*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;If positive, chest X-ray: Date Read MM/DD/YYYY</td>
<td>Results</td>
<td></td>
</tr>
</tbody>
</table>

*This test is required.*

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>☐ Good</th>
<th>☐ Fair</th>
<th>☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>Reoccurring skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td>Heart</td>
<td>Nose/Throat</td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td>Asthma?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Hernias?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**Gynecological History**

**Extremities**

**Orthopedic**

**General Comments**

<table>
<thead>
<tr>
<th>Does this person seem to be capable of being enrolled in college?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

**Physician’s Signature**

**Physician’s Name**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**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.**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Today’s Date MM/DD/YYYY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship of Signer to Student</th>
<th>Self (if 18 or older)</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of Signer</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone ( )</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

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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

e-mail
admissions@hylesanderson.edu

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