**Application Instructions**

**You may apply for admission without an application fee online @ www.sbu.edu/apply**

or

**Fill out the common application @ www.commonapp.org**

---

**All freshman students must:**

1. Complete all sections that apply to you.
2. Take the “Secondary School Report” form to your high school guidance counselor and ask that she/he complete it, attach an official copy of your transcript, along with a recommendation letter, and send it to SBU with your application and $30 application fee. **An envelope is provided.**
3. Arrange to have your SAT or ACT score reports sent to St. Bonaventure, if they do not appear on your transcript.
4. You may also provide two or three recommendation letters from a teacher, coach, clergy member, adviser, employer, etc. who can comment on your potential for academic success at St. Bonaventure.

**NOTE:** Combined-degree health care applicants should refer to additional instructions on the inside back cover.

**Transfer students must:**

1. Send an official transcript from all colleges attended.
2. Provide a listing of courses completed or in progress, and course descriptions from each college attended.
3. Submit the enclosed St. Bonaventure Transfer Recommendation Form completed by the dean of students (or comparable official) at the most recent institution attended.
4. Arrange to have your SAT or ACT score reports sent to St. Bonaventure if they do not appear on your high school transcript.

**NOTE:** Transfer students **DO NOT** have to fill out the Secondary School Report form in this booklet.

**International applicants must also:**

1. Submit official SAT or ACT score or official score of the Test of English as a Foreign Language (TOEFL).
2. Submit the Certification of Financial Responsibility. If you do not have this form, you may request it from the office of admissions or download it from the St. Bonaventure Web site (www.sbu.edu).

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**Financial Aid or Scholarship Instructions for All St. Bonaventure Applicants**

1. To ensure first consideration for financial aid, please apply for admission **BEFORE FEBRUARY 15** if you plan to enter in the Fall semester.
2. Complete the Free Application for Federal Student Aid (FAFSA) **no later than FEBRUARY 15** if you are applying for admission to the fall semester, and **no later than OCTOBER 1** if you are applying for the spring semester. The FAFSA can be completed online at www.fafsa.ed.gov or you can request a paper copy from your school counselor. **The SBU Federal Code number is 002817.**
**ST. BONAVENTURE UNIVERSITY**

**APPLICATION FOR ADMISSION**

### Information about you

**Legal name:**

Last | First (birth name) | Middle
--- | --- | ---

**Prefer to be called:** (nickname) ____________________________ Former last name(s) if any: ____________________________

**Permanent home address:**

P.O. Box | Number and Street | Apt. #
--- | --- | ---

**City or Town** | **County (New York residents only)** | **State/Country** | **ZIP**
--- | --- | --- | ---

Telephone number at permanent address: (______)_________________ Date of birth:______________ Sex (m/f):_____

**Social Security number:** (Required for students who are applying for federal financial aid.) ____________________________

If different from above, list mailing address for correspondence:

**Number and Street** | **City** | **State** | **ZIP**
--- | --- | --- | ---

Telephone number at mailing address (______)_________________ Email address________________________________________

**Citizenship:**

- [ ] U.S.
- [ ] U.S./dual
- [ ] U.S. permanent resident visa
- [ ] Other citizenship

List other country: ____________________________
List country of citizenship: ____________________________
List country: ____________________________

Do you hold a U.S. visa? [ ] yes [ ] no If yes, what category? ____________________________

For all non-U.S. citizens, please state your country of birth: ____________________________

The following is not required, but provides the admission committee with important information about yourself.

**Marital status:**

- [ ] Single
- [ ] Engaged
- [ ] Married
- [ ] Separated
- [ ] Divorced
- [ ] Widowed

**Place of birth:**

City | State | Country
--- | --- | ---

Are you a U.S. Armed Forces veteran? [ ] yes [ ] no

Are you Hispanic/Latino? [ ] yes [ ] no Regardless of your answer, please select one or more of the following ethnicities that best describe you:

- [ ] American Indian or Alaska Native
- [ ] Asian (including Indian subcontinent and Philippines)
- [ ] Black or African American
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White (including Middle Eastern)

### Information about your family

**Mother’s full name:** ________________________________________

Is she living? ____________________________________________

**Father’s full name:** ________________________________________

Is he living? ____________________________________________

**Home address if different from yours:**

City, State, ZIP: ____________________________

Home address if different from yours:

**Street:** ____________________________________________

City, State, ZIP: ____________________________

**E-mail address:** ________________________________________

**Occupation (Describe briefly):** ____________________________

Occupation (Describe briefly): ____________________________

**College (if any):**

Degree: ______ Year: ______

College (if any): ______ Degree: ______ Year: ______

Please check if parents are:

- [ ] married
- [ ] separated
- [ ] divorced
- [ ] other ____________________________

If not with both parents, with whom do you make your primary home? (print full name & relationship) ____________________________
Information about your application to St. Bonaventure

Please list the names of any St. Bonaventure University community members (alumni, faculty, staff, current students, friars, or trustees) with whom you are acquainted. For alumni, please include the year they graduated from St. Bonaventure, if known.

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
<th>Relationship</th>
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</table>

What year do you plan to enter SBU? 20____ What semester/session? □ Fall □ Spring □ Summer I □ Summer II

Will you be: 1.) □ freshman or □ transfer 2.) □ full-time or □ part-time 3.) □ degree seeking or □ non-degree seeking 4.) □ on-campus resident □ commuter □ off-campus apt.

Do you plan to apply for any type of financial aid or scholarships? □ yes □ no

The Arthur O. Eve Higher Educational Opportunity Program (HEOP) is for students who are economically disadvantaged and academically below the average admissions requirements for St. Bonaventure. If you are a resident of New York state and believe you are eligible for this program, check here.

If you are eligible for tuition exchange, tuition remission or tuition reduction because you have an uncle who is a friar, a parent who is an employee of St. Bonaventure, or a parent working at another institution who is eligible for tuition exchange, please check here and list the reason.

Please check the major you wish to pursue (you must check only one)

- [ ] LIBERAL ARTS
  - Classical Languages (BA)
  - English (BA)
  - French (BA)
  - History (BA)
  - Philosophy (BA)
  - Political Science (BA)
  - Psychology (BA)
  - Sociology (BA)
  - Spanish (BA)
  - Theology (BA)
  - Multidisciplinary (Undecided Arts)
- [ ] SCIENCE
  - Biochemistry (BS)
  - Biology (BS)
  - Biophysics (BS)
  - Chemistry (BS)
  - Computer Science (BS)
  - Engineering Physics (BS)
  - Environmental Science (BS)
  - Mathematics (BS)
  - Physics (BS)
  - Psychology (BS)
  - Multidisciplinary (Undecided Science)
- [ ] VISUAL AND PERFORMING ARTS
  - Art History (BA)
  - Music (BA)
  - Theater (BA)
  - Visual Arts (BA)
- [ ] MULTIDISCIPLINARY
  - Bioinformatics (BS)
  - International Studies (BA)
  - Women's Studies (BA)
- [ ] EDUCATION
  - Childhood Education (BSE)
  - Childhood/Special Education (BSE)
  - Early Childhood Education (BSE)
  - Physical Education (BSE)
  - Childhood Studies (BS)
  - Sport Studies (BS)
- [ ] JOURNALISM AND MASS COMMUNICATION
  - Journalism and Mass Communication (BAJ)
- [ ] BUSINESS
  - Accounting (BBA)
  - Business Information Systems (BBA)
  - Finance (BBA)
  - Management Sciences (BBA)
  - Marketing (BBA)
  - undecided Business
  - *Accounting (BBA/MBA 5-Year Dual Admission)

*Franciscan Health Care Professions Combined Degree program applicants, please select one:

- [ ] Medicine Allopathic (MD) 4+4 with George Washington University School of Medicine
- [ ] Medicine Osteopathic (DO) 4+4 with Lake Erie College of Osteopathic Medicine (LECOM)
- [ ] Medicine Allopathic (MD) 4+4 with SUNY Upstate Medical University
- [ ] Pharmacy (PharmD) 3+3 with Lake Erie College of Medicine School of Pharmacy (LECOM)
- [ ] Dentistry (DMD) 3+4 with University at Buffalo School of Dental Medicine
- [ ] Physical Therapy (DPT) 3+3 with Daemen College Department of Physical Therapy

*See inside back cover for admissions requirements and deadlines.
Please list the other colleges to which you have applied, or to which you plan to apply.

____________________________________________________________________________________________________________________________________________________

**Information about your educational background and experiences**

Name the high school from which you plan to graduate or have graduated: __________________________________________

Address: ________________________________________________________________________________________________________

City State ZIP

This school is:  
☐ Public  
☐ Private, non-Catholic  
☐ Catholic  
Month and year of graduation ______________

School telephone: ( __________ )__________________ CEEB code, if known: __________________________

Name of counselor: ________________________________________ Counselor e-mail: ________________________________

If you have attended other secondary schools, please list them here:

High school name: ____________________________________________

Address: ________________________________________________________________________________________________________

City State ZIP

Have you received (or will you receive) any college-level credit?  
☐ Yes  ☐ No

If yes, please list all institutions you’ve attended or are currently attending, their location and dates of attendance. Request each institution to send an official transcript to St. Bonaventure University.

Name of College or University Location (City, State, ZIP) Start Date End Date

____________________________________________________________________________________________________________________________________________________

All applicants are required to take the ACT or SAT for admissions purposes. Students whose native language is not English may also take the Test of English as a Foreign Language (TOEFL). Please list the test(s) you have taken or plan to take and the date(s) of the test administration(s). Send official scores to St. Bonaventure University.

| Test   | Date(s) taken | Score 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>SAT*</td>
<td></td>
<td></td>
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<tr>
<td>ACT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOEFL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The writing portion of the SAT will not be used for admission consideration, but may be used for placement purposes.

**Extracurricular, Personal, Volunteer and Work Activities**

Please list your principal extracurricular, community and family activities, hobbies and work experience in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. Please ( ✓ ) in the right column those activities you hope to pursue in college. Do NOT abbreviate. (You may attach a separate sheet if necessary.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grade level or post-secondary (p.s.)</th>
<th>Approximate time spent</th>
<th>Positions held, honors won, or letters earned</th>
<th>Do you plan to participate in college?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9 10 11 12 PS</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td></td>
</tr>
</tbody>
</table>
A $30, non-refundable application fee OR a request for application fee waiver (available from your school counselor in cases of financial hardship) must accompany this application. My signature below indicates that all information in my application is complete, factually correct, and honestly presented.

Signature (required) ____________________________________________________________ Date ________________________

St. Bonaventure University provides equal opportunity without regard to race, creed, color, gender, age, national or ethnic origin, marital status, veteran status, or disability in admission, employment, and in all of its educational programs and activities. Any questions about or grievance pertaining to discrimination should be directed to the University’s Advocacy Officer. The admissions process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendments of 1972.

It is the responsibility of the candidate to ensure that all required documents are sent to:
Office of Admissions, St. Bonaventure University, P.O. Box D, St. Bonaventure, NY 14778
Phone: 716-375-2400 or 800-462-5050 • Fax: 716-375-4005 • E-mail: admissions@sbu.edu • www.sbu.edu

**Personal Essay**

Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself.

- [ ] Evaluate a significant experience, achievement, risk you’ve taken, or ethical dilemma you have faced and its impact on you.
- [ ] Discuss some issue of personal, local, national, or international concern and its importance to you.
- [ ] Indicate a person who has had a significant influence on you, and describe that influence.
- [ ] Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- [ ] A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.
- [ ] Topic of your choice.

**NOTE:** If you are applying to a Combined-Degree Health Care program, please refer to the instructions on the inside back cover of this application.

**Disciplinary History**

1.) Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from ninth grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  
   - [ ] Yes  
   - [ ] No

2.) Have you ever been convicted of a misdemeanor, felony, or other crime?  
   - [ ] Yes  
   - [ ] No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

**How did you learn about us?**

Please tell us how you first learned of St. Bonaventure University. (*Please be specific, i.e. newspaper, radio, web, friends, relatives, college fair, etc.*) and why you decided to apply.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**How do you prefer to be contacted? (check one)**

- [ ] Home phone____________________________________  
- [ ] Cell phone________________________________________  
- [ ] Text message

- [ ] E-mail__________________________________________  
- [ ] Facebook (list Facebook e-mail)____________________

A $30, non-refundable application fee OR a request for application fee waiver (available from your school counselor in cases of financial hardship) must accompany this application. My signature below indicates that all information in my application is complete, factually correct, and honestly presented.
SECONDARY SCHOOL REPORT FORM

Only First-Time Freshmen Complete

Instructions: The student should complete Section I and submit the form to the school counselor. Counselors should complete Sections II and forward the report form along with the respective admission application, recommendation letter and an official transcript to St. Bonaventure University.

SECTION I (to be completed by student)

Student name: ________________________________________________________

Last                                            First                                    M.I.

Address: ____________________________________________________________

Street                                                   Apt. Number
City                                      State                                    ZIP

Date of birth: ________________________

Phone: ( _______ ) ____________________

City                                      State                                    ZIP

High school: ________________________________________________________

Address: ____________________________________________________________

Street                                                                             City                                       State                            ZIP

Phone: ( _______ ) ____________________________________________________

Fax: ( _______ ) ______________________

Counselor’s name: ____________________________________________________

Title: ________________________________

I recognize the confidential nature of this document and I do □ do not □ waive my right to access.

Student’s signature: __________________________________________________________

Date: __________________________

SECTION II (to be completed by school counselor; include information only if it is not included in other student documents)

Percentage of class attending:       Four-year_______________ Two-year_______________ institutions.

Grading scale: □ 4.0 □ 100 □ Other_______________ Passing grade is_______________

Student’s GPA_______________ □ Weighted □ Unweighted

Grade Point Average includes (check all that apply): □ 9th Grade □ 10th Grade □ 11th Grade □ 12th Grade

Student ranks__________in a class of__________as of: □ 9th Grade □ 10th Grade □ 11th Grade □ 12th Grade

(If an exact rank is not available, a decile, quartile or quintile rank is acceptable.) □ We do not rank

Is the student’s course selection: □ Most Demanding □ Demanding □ Average □ Below Average

Please list senior-year courses or attach transcript with senior schedule and, if available, first-quarter grades:

First semester: Second semester:

__________________________________________________ ____________________________________________________

__________________________________________________ ____________________________________________________

__________________________________________________ ____________________________________________________

__________________________________________________ ____________________________________________________

__________________________________________________ ____________________________________________________

__________________________________________________ ____________________________________________________
EVALUATION

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents and enthusiasm. We welcome information that will help us to differentiate this student from others.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
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RATINGS

Compared to other students in his or her entire secondary school class, how do you rate this student in terms of:

<table>
<thead>
<tr>
<th>No basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>One of the top few encountered in my career</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative, original thought</td>
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<tr>
<td>Motivation</td>
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<td>Self-confidence</td>
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<tr>
<td>Independence, initiative</td>
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<td>Intellectual ability</td>
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<td>Academic achievement</td>
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<td>Attendance</td>
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<td>Behavior</td>
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<tr>
<td>Disciplined work habits</td>
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<tr>
<td>Potential for growth</td>
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</table>

Would you recommend this student?   ____ Yes   ____ Yes, with reservations   ____ No   ____ Prefer to speak to an admissions counselor

Signature: ___________________________  Date: ___________________________
PART I: To be completed by applicant

Start term: Spring ___ or Fall ___
Year _________

Name: ________________________________________________________________________________________________________

Last First (birth name) Middle

Permanent address: ____________________________________________________________________________________________

Number and Street City/Town County State/Country ZIP

College address: ______________________________________________________________________________________________

I hereby authorize and request the Dean of Students to release to St. Bonaventure University all the information requested by
the aforesaid pertaining to my record.

Signature of Applicant: ________________________________________ Date: ______________

Current Institution: ____________________________________________

<table>
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<tr>
<th>Courses in Progress</th>
<th>Course Number</th>
<th>Credits</th>
<th>Date to be Completed</th>
<th>Catalog Page No.</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
</table>

PART II: To be completed by the Dean of Students or a comparable college official

Please complete the information requested below, which will assist greatly in the review of the candidate’s eligibility for
transfer to St. Bonaventure University. All the information is confidential and subject to the Family Education Rights and

1. Is the student eligible to return to your institution next term? Yes ___ No ___
2. Is the student eligible to live in residence at your institution? Yes ___ No ___
3. Has the student ever been under disciplinary censure at your institution? Yes ___ No ___
   If YES, please explain: __________________________________________________
4. Is the student in need of any special counseling or guidance? Yes ___ No ___
5. Is the student in need of any special medical attention from your institution? Yes ___ No ___
   If YES, please specify: __________________________________________________
6. Would you recommend this student? ____ Yes ___ Yes, with reservations ____ No ___
   Prefer to speak to an admissions counselor

College Official Signature: ________________________________________ Date: ______________

Official’s Title: ________________________________________________
INSTRUCTIONS FOR COMBINED DEGREE HEALTH CARE APPLICANTS

We require a focused personal statement detailing why and how you are choosing your professional field. You should also explain, in the same or a separate essay, your interest in SBU and the related professional school to which you are applying. A minimum of two letters of recommendation are required; see details on the SBU Web page for your program. A separate resume of all your extracurricular, personal, volunteer, and work activities is encouraged in place of the limited space on the application form. See below for SPECIFIC PROGRAM DEADLINES for application and supporting materials.

The combined degree application process consists of four steps:

1. Once all application materials have been received, a decision on admission to the University will be mailed to you within approximately four weeks.
2. You will be notified soon thereafter if you have been selected for an on-campus interview with St. Bonaventure University's Franciscan Health Care Professions Program committee.
3. After successful completion of the St. Bonaventure interview, you will be notified if you have been selected to interview on the appropriate professional school's campus. (LECOM Pharmacy does not require this interview.)
4. St. Bonaventure and the cooperating professional school will then determine acceptance into the combined-degree program; notification will be sent approximately one week after the second interview.

REQUIREMENTS FOR COMBINED DEGREE HEALTH CARE PROGRAMS

St. Bonaventure University offers six combined degree programs with five institutions, exclusively for first-time freshmen majoring in biology at St. Bonaventure. (Applicants to GWU and Upstate may choose any major, but are encouraged to minor in biology.) The programs are academically rigorous and require the maintenance of certain standards along the way after meeting initial admission requirements. Those successfully completing a combined degree program will receive a bachelor's degree from St. Bonaventure and an advanced degree from the college or university they subsequently attend. (NOTE: Because of the demand, a non-refundable $500 deposit before May 1 will be required to confirm enrollment for students admitted into these programs.) Requirements are subject to change.

Lake Erie College of Osteopathic Medicine
School of Pharmacy (3+3)

Incoming SBU students must have:
- 1170 or higher on the SAT (Reading & Math sections only) or 26 or higher on ACT
- High school average of 90 or higher*
- Top 15% of high school class
- Community service evaluation
- Letters of recommendation
- Personal essay about interest in medicine or pharmacy**
- Priority deadline for application and supporting materials is DEC. 15

Lake Erie College of Osteopathic Medicine (4+4)

Incoming SBU students must have:
- 1300 or higher on the SAT (Reading & Math sections only) or 29 or higher on the ACT
- High school average of 93 or higher*
- Top 15% of high school class
- Community service evaluation
- Letters of recommendation
- Personal essay about interest in medicine or pharmacy**
- Priority deadline for application and supporting materials is DEC. 15

University at Buffalo
School of Dental Medicine (3+4)

Incoming SBU students must have:
- 1300 or higher on the SAT (Reading & Math sections only) or 29 or higher on the ACT
- High school average of 93 or higher*
- Top 10% of high school class
- Community service evaluation
- Letters of recommendation
- Personal essay about interest in dentistry**
- Priority deadline for application and supporting materials is DEC. 15***

George Washington Univ. School of Medicine (4+4)

Incoming SBU students must have:
- 1300 or higher on the SAT (Reading & Math sections only) or 29 or higher on the ACT
- High school average of 90 or higher*
- Top 10% of high school class
- Community service evaluation
- Letters of recommendation
- Successful completion of Biology SAT II's (GWU only)
- Personal essay about interest in medicine; Upstate Medical applicants should discuss experience and/or interest in rural health care**
- Priority deadline for application and supporting materials is DEC. 1 for GWU, DEC. 15 for SUNY***

Daemen College Department of Physical Therapy (3+3)

Incoming SBU students must have:
- 1100 or higher on the SAT (Reading & Math sections only) or 24 or higher on the ACT
- High school average of 88 or higher*
- Top 15% of high school class
- Community service evaluation
- Letters of recommendation
- Personal essay about interest in physical therapy**
- Priority deadline for application and supporting materials is DEC. 15

* After the first three years of high school, as calculated by the St. Bonaventure Admissions Office.
** Personal essay may be used in lieu of the personal essay on the general application.
*** Because of competitive process, applications MAY be considered until Jan. 30 for UB Dental and SUNY Medical.