



APPLICATION FOR RETURNING STUDENTS

STUDENT INFORMATION

Name Last First Middle Initial Citizenship

Birth Date Email Cell Phone

Permanent home address Street Mailing address (if different)

City State Zip City State Zip

Father's full name Mother's full name

Father's address Street Mother's address Street

City State Zip City State Zip

Guardian's full name Spouse's full name

Returning Level: Level 1 Level 2 Level 3 Housing Preference: Dorm Resident Off-Campus Commuter

IN CASE OF EMERGENCY NOTIFY (Please Print)

Full name Relationship

Address

Email Home Phone Cell Phone

APPLICATION FEE

Application Fee: An application fee of \$200 must be paid to process your application. You may mail a check or money order to 51 S State Road, Upper Darby, PA 19082. Please do not send application without this fee.

SIGNATURE

Required Signature (please check box and sign)

I certify that all information is true. I understand that I must notify ALIPH Administration if any of the information I have supplied here changes.

Signature _____ Date _____ mm/dd/yyyy