First Name: 

Middle: 

Last Name: 

Any additional names used, please list and separate by commas. 

MAILING ADDRESS:

Street Address: 

City: 

State: 

ZIP Code: 

Telephone: (Home) 

(Cell) 

PERMANENT ADDRESS (if different from mailing address):

Street Address: 

City: 

State: 

ZIP Code: 

PARENT/GUARDIAN/FAMILY INFORMATION:

Father's Name: 

Mother's Name: 

Street Address: 

Street Address: 

City, State, ZIP code: 

City, State, ZIP code: 

Email Address: 

Email Address: 

Telephone: 

Telephone: 

PERSONAL INFORMATION:

Student Email Address: 

Date of Birth (MM/DD/YY): / / Social Security Number: 

Gender: Male Female Country of Citizenship: 

How would you like to be contacted? (You can choose more than one option.) Text Cell Home Phone Email 

VOLUNTARY INFORMATION:

How would you describe yourself? Ethnicity: Hispanic/Latino of any origin (Spanish, Mexican, Puerto Rican, etc.) Yes No 

Please select from one or more of the following: American Indian/Alaskan native Asian-American Black or African-American Native Hawaiian or Other Pacific Islander White 

APPLICATION INFORMATION:


Residency Status: Resident Commuter 

High School attended: 

Graduation Month: Year: Other colleges/universities you are applying to: 

MAJOR: 

PLEASE COMPLETE OTHER SIDE
Have you taken AP classes in high school?  
- Yes  
- No

List AP courses: ________________________________________________

________________________________________________________________

Have you taken college courses while enrolled in high school?  
- Yes  
- No  
  If “Yes,” which college? ________________________________

________________________________________________________________

DIVISION III ATHLETIC INTERESTS:
- Baseball  
- Basketball  
- Cross Country  
- Golf  
- Lacrosse  
- Soccer  
- Softball  
- Tennis  
- Volleyball

Extracurricular and community service interests: ________________

________________________________________________________________

Please check if you have taken the following tests:
- SAT ______ CRITICAL READING SCORE ______ MATH SCORE ______ TOTAL SCORE

  DATE

- ACT ______ TOTAL SCORE

  DATE

- If no, when do you plan to take the test(s)? ________________

Self-Reported GPA: ______________________

(High school transcripts still required with application.)

Are you the son/daughter of a La Roche College alumnus?  
- Yes  
- No

If yes, please list the exact name of the parent when he/she was a student at La Roche College: ________________________________

________________________________________________________________

Are you the son/daughter of a full-time La Roche College employee?  
- Yes  
- No

Are you a veteran/active duty military or a dependent of one?  
- Yes  
- No  
- Dependent

Will you be applying for veteran benefits?  
- Yes  
- No

APPLICATION INSTRUCTIONS:

When to Apply? La Roche College offers rolling admissions which means the college makes an admission decision shortly after receiving all the required items listed below. Shortly after an application is completed and all required information is received, a decision regarding acceptance is made. Decisions regarding rising high school senior applications begin mid-September.

Application Requirements:

In addition to this application you must also submit the following:

a. $50 application fee (Can be either check or money order payable to La Roche College. Do not send cash.)

b. Official high school transcript. We must have original copies of academic records from all secondary and post-secondary institutions attended. Home-schooled students may submit transcripts generated by a parent, but they must ultimately submit a transcript validated by an organization recognized by their state’s department of education (either a local school district or third-party organization). International students should apply online at www.laroche.edu/CFforms/fastapp/fastappIntl.cfm

c. Graduation Equivalence Diploma (GED), if not a high school graduate.

d. SAT or ACT scores

e. Letter of recommendation

f. Essay - In 250 words or less, please share why earning a college degree specifically from La Roche College is important to you, and why you believe a La Roche education will help you to achieve your life goals. (Please provide in a separate document.)

All documents should be mailed to:

La Roche College | Office of Freshman Admissions  
9000 Babcock Boulevard | Pittsburgh, PA 15237

IMPORTANT NOTES:

- Dance major/minor: Students interested in pursuing a dance major or minor must schedule an audition with the faculty after they have submitted all application materials. Please contact the Performing Arts Department at 412-536-1212 for further information on auditions.

- Radiologic Technology: Students who wish to major in radiologic technology must also apply to Ohio Valley General Hospital School of Radiography after they have completed all application requirements for La Roche College. Please contact 412-777-6210 for more information.

- Nursing: In addition to submitting an application fee, high school transcript and SAT/ACT scores, students applying to the Nursing program must submit a 1-2 page essay titled “Why I Want to be a Nurse” and two letters of recommendation.

To contact the Admissions Office:

- Email: admissions@laroche.edu
- Fax: 412-847-1820
- Phone: 412-536-1272 or 800-838-4572
- Website: www.laroche.edu