



UNDERGRADUATE APPLICATION

APPLICATION INSTRUCTIONS

IN ASSESSING THE APPLICANT'S POTENTIAL FOR SUCCESS AT ORAL ROBERTS UNIVERSITY, THE ADMISSIONS COMMITTEE CONSIDERS ACADEMIC CAPABILITIES AS WELL AS CHURCH AND COMMUNITY INVOLVEMENT. THE APPLICATION PROCESS IS A TOOL FOR ASSESSING EACH APPLICANT. EACH APPLICATION IS CONSIDERED ON AN INDIVIDUAL BASIS, SO WE ENCOURAGE YOU TO SUBMIT ANY ADDITIONAL INFORMATION YOU THINK MAY BE HELPFUL TO THE ADMISSIONS COMMITTEE.



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ALL APPLICANTS

The application requirements for admission to ORU are listed below. Each applicant must provide the information listed in the appropriate applicant block. The general application and \$35 application fee (*waived if you apply online*) are required for all applicants. Although the ORU Admissions Committee is able to use unofficial transcripts for decision purposes, all final transcripts must be received directly from the generating institution. Please call the Office of Admissions at 918.495.6518 or 800.678.8876 for assistance. Oral Roberts University admits students without regard to race, color, religion, gender, age, disability, national origin or status as a veteran in any of the policies, practices or procedures.

A **FRESHMAN** applicant is defined as one who has earned fewer than 15 college credit hours after high school graduation.

Application
\$35 Application Fee (*waived when you apply online*)
Official High School Transcript
Official ACT or SAT scores
Official College Transcripts*
Official Immunization Records

* An official transcript is required from each institution in which you have been enrolled, even when no credit was earned.

An **INTERNATIONAL** applicant is defined as any student applying to ORU that is not a U.S. citizen or holder of a Green Card.

Application
\$35 Application Fee (*waived when you apply online*)
Academic History Documentation
TOEFL or ACT/SAT Scores
Financial Guarantee Form
Official Immunization Records

International Students should contact the International Admissions Coordinator by phone at 918.495.6618 for assistance in submission of other required credentials.

A **TRANSFER** applicant is defined as one who has earned 15 or more college credit hours after high school graduation.

Application
\$35 Application Fee (*waived when you apply online*)
Official High School Transcript
Official College Transcripts*
Official Immunization Records

* An official transcript is required from each institution in which you have been enrolled, even when no credit was earned.

ORU RESIDENTIAL POLICY

Oral Roberts University is a residential campus. All single, full-time undergraduate students under the age of 25 are required to reside in the University's residential halls. Students who desire to request an exception must submit a statement of petition to the Office of the Dean of Student Development. Exceptions to this policy will be granted to those undergraduate students who are married or who live in the Tulsa area with their parents. Students aged 25 and older who desire to live in the residential halls must also request an exception.

FINANCIAL AID INFORMATION

The Free Application for Federal Student Aid (FAFSA) is required to begin the financial aid application process. The application may be filed as early as January of the year you plan to attend ORU. Apply online at www.fafsa.ed.gov. ORU will receive your results within 72 hours. Financial aid can only be offered after we receive your FAFSA results. Federal, state and institutional funding is limited. Apply for Admission and Financial Aid by February 15 for priority consideration. Find out more about ORU Financial Aid online at www.oru.edu/finaid.



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APPLICANT PROFILE

Classification will be: ☐ Freshman ☐ Transfer ☐ International

Intended Major: _____

MAJORS LISTED ON INSIDE OF COVER PAGE

Year and semester you wish to begin study: 20 _____ ☐ Fall ☐ Spring
☐ Summer Session - ☐ 1 ☐ 2 ☐ 3 ☐ 4

Enrollment Status: ☐ Full time ☐ Part time

Housing: ☐ On campus ☐ Off campus

Note: Please see Residential Policy statement on the previous page.

CONTACT & IDENTIFICATION

Name: _____ Preferred Name: _____
Last First Middle

Social Security #: _____ - _____ - _____ PLEASE NOTE: YOUR SSN IS REQUIRED FOR ADMISSIONS AND FINANCIAL AID PURPOSES. TO PROTECT YOUR IDENTITY, A UNIVERSITY GENERATED ID NUMBER WILL BE ISSUED UPON ACCEPTANCE

Other names under which your transcript(s) may be listed: _____

Mailing Address: _____
Street and Number City State Zip Country

Phone: () _____ Cell Phone: () _____ Fax: () _____

E-mail Address: _____

Date of Birth: _____ / _____ / _____ Gender: ☐ Male ☐ Female

Country of Birth: _____ Country of Citizenship: _____

If not a U.S. Citizen, check type of visa and submit a copy.

☐ Permanent Resident ☐ Student ☐ Visitor ☐ Dependent ☐ Other: _____

For Oklahoma Residents only:

Are you eligible for the Oklahoma Higher Learning Access Program (OHLAP)? ☐ Yes ☐ No

Please indicate if you are: ☐ a dependent of an ORU employee ☐ an ORU employee

Name of parent(s) or guardian(s) with which you reside (when applicable): _____

Next of Kin: ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Brother ☐ Sister

☐ Uncle ☐ Aunt ☐ Legal Guardian

☐ Other (please specify): _____

Name Address City State Zip

List names and state relationship of any relatives who have attended or are attending ORU: _____



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STATISTICS

The following three questions are used for State & Federal reporting. You are not required to complete this section of the application. The information will not be used in evaluating your application for enrollment. ORU does not discriminate against applicants on the grounds of race, color, religion, sex, age, national origin, disability or veteran status.

Please indicate your ethnicity:

- ☐ Hispanic or Latino ☐ Non Hispanic or Latino

Please indicate your race (*check all that apply*):

- ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Which denomination best describes your church affiliation:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Assembly of God | <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Interdenominational | <input type="checkbox"/> Open Bible Standard |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Four Square | <input type="checkbox"/> Jewish | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Freewill Baptist | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Charismatic | <input type="checkbox"/> Full Gospel | <input type="checkbox"/> Methodist | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Holiness | <input type="checkbox"/> Nazarene | <input type="checkbox"/> Southern Baptist |
| <input type="checkbox"/> Church of God-Christ | <input type="checkbox"/> Independent | <input type="checkbox"/> Nondenominational | <input type="checkbox"/> Other |

INTERESTS

Are you interested in participating in:

- ☐ Varsity/Division I Athletics: sport(s) _____

Men's:

- ☐ Baseball
☐ Basketball
☐ Cross Country
☐ Golf
☐ Soccer
☐ Tennis
☐ Track & Field

Women's:

- ☐ Basketball
☐ Cross Country
☐ Golf
☐ Soccer
☐ Tennis
☐ Track & Field
☐ Volleyball

If so, have you had contact with the coach(es)? ☐ Yes ☐ No

- ☐ Music Groups: (*choral, choir, special vocal groups, orchestra, jazz band, etc.*)

Have you auditioned? ☐ Yes ☐ No What is your instrument(s)? _____

- ☐ Please list what clubs & organizations interest you (*see last page for list*) _____

EDUCATIONAL INFORMATION



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Name of High School: _____ Phone: () _____

School Address: _____
City State Zip

Date of Graduation: ____ / ____ / ____

Did/will you graduate early? ☐ Yes ☐ No

From which type of high school did/will you graduate? ☐ Public ☐ Private ☐ Home School

Date you took/will take the GED (*when applicable*): ____ / ____ / ____ **GED Total score** _____

Date you took/will take the : ACT ____ / ____ / ____ SAT ____ / ____ / ____ TOEFL ____ / ____ / ____

What was our test score? ACT _____ SAT _____ TOEFL _____

College(s) Attended

INSTITUTION NAME	CITY	STATE	DATES ATTENDED	HOURS EARNED	GPA

Please place an asterick * next to any college in which you were enrolled while you were in high school

ACTIVITIES & AWARDS

Please list any church/community involvement, extracurricular activities, special awards or recognition.



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HEALTH INFORMATION

IMPORTANT: Students are required to be immunized against diphtheria, tetanus, rubella, polio, hepatitis and meningitis. This necessitates immunizations against tetanus and diphtheria within the past ten years and a completed oral polio and hepatitis series. A skin test for tuberculosis within six months is also required. In addition, a Health Assessment form must be completed by your physician. Verification of all required immunizations and your Health Assessment must be received prior to starting classes.

The following question is optional. Your response will not be considered in the application process.

Are there accommodations of services including those based upon a health or physical condition that you may require to enrich your educational development at ORU? ☐ Yes ☐ No

If you answered "Yes," please provide an explanation of your response on a separate sheet of paper. Upon admission, an interview may be conducted to advise you of the services and accommodations available at ORU.

MINISTER'S RECOMMENDATION

Please provide contact information for a minister who would serve as a recommendation. Select someone who is not related to you.

Name of Minister: _____ Church Name: _____

Denomination: _____ Church Phone: _____

Church Address: _____
City State Zip

PERSONAL INFORMATION

Explain your Christian faith and how you anticipate it will be influenced by attending ORU:

In what ways will ORU assist you in obtaining your life's goals?



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How did you first hear about ORU?

Who encouraged you to apply to ORU?

Name: _____

Address: _____
City State Zip

Phone: _____ E-mail: _____

Please rank each college/university to which you are applying in order of your preference to attend. Please include where ORU falls on your list of choices.

First Choice

Name of School City State

Second Choice

Name of School City State

Third Choice

Name of School City State

Fourth Choice

Name of School City State

Do you plan to graduate from ORU? ☐ Yes ☐ No

If not, how long will you attend? _____

Have you ever been dismissed, suspended, placed on probation or required to leave school for any reason?

☐ Yes ☐ No

Have you ever been convicted, plead guilty or no contest to a felony charge? ☐ Yes ☐ No

If you answered yes to either of these, please provide a written explanation on a separate sheet of paper.

I declare that all information given is true to the best of my knowledge. I have read and understand that, prior to starting classes, I will be required to submit a Health Assessment form and verification of the required immunizations. I have read and agree to abide by the Honor Code Pledge.

Signature Date

Please Print Name



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HONOR CODE PLEDGE

In signing the Honor Code Pledge, I fully recognize that Oral Roberts University was founded to be and is committed to being a leading academic institution serving the interdenominational Body of Christ, offering a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. I further recognize that the university's ministry is that of providing a Whole Person education with a charismatic distinctive. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Oral Roberts University is in its calling to be a Christian university.

1. **I PLEDGE** to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
2. **I PLEDGE** to grow in my spirit, by developing my own relationship with God.
3. **I PLEDGE** to develop my body with sound health habits by completing the required aerobics program and by participating in wholesome physical activities.
4. **I PLEDGE** to cultivate good social relationships and to seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
5. **I PLEDGE** at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts, which include any homosexual activity and sexual intercourse with one who is not my spouse through traditional marriage of one man and one woman. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the *Student Handbook*.
6. **I PLEDGE** to maintain an integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
7. **I PLEDGE** to attend class, all required chapel services on campus, and my choice of a house of worship wherever God is honored and lifted up.
8. **I PLEDGE** to abide by the rules and regulations that may from time to time be adopted by the university administration. I understand Oral Roberts University is a private school that is governed by a Board of Trustees, which has final authority on all matters. I understand that the university reserves the right to require the withdrawal of a student at any time if in the judgment of the President of the university and the University Discipline Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere as a Christian university.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Oral Roberts University, which is a prerequisite for matriculation and my continued association with the university. My signed pledge becomes a part of my permanent file. Further, my acceptance of the Honor Code is a solemn vow and promise to God as to how I will live my life.

Signature: _____ Date: _____

Print Full Name: _____