THE PHILADELPHIA CENTER

121 S. Broad Street, 7th Floor / Philadelphia, PA 19107-4577
t 215.735.7300 **f** 215.735.7373 / admin@tpc.edu

APPLICATION FOR ADMISSION

INSTRUCTIONS / To apply for admission to The Philadelphia Center, please complete and submit this application along with the following:

- ☐ Transcript or descriptive list of courses & grades
- ☐ Letters of recommendation (2)
- ☐ Course title and advisor statement for departmental credit (if required)
- ☐ Applicant Questions
- ☐ Signatures

APPLICATION FOR ADMISSION — PART I

☐ Mr. ☐ Ms. _____
Name (Last, First, Middle Initial)

Birthdate _____ /_____ /_____ Social Security # _____ Home Phone (____)_____

College/University _____ Campus Phone (____)_____

Campus Address _____
(Street, Box #, City, State, Zip Code)

Cell Phone_____ Email Address _____

Parent or Guardian _____ Home Phone (____)_____

Home Address _____
(Street, Box #, City, State, Zip Code)

Emergency Contact _____ Contact's Phone (____)_____

Semester for which you are applying / ☐ Fall 20___ ☐ Spring 20___

Class level while in Philadelphia / ☐ Sophomore ☐ Junior ☐ Senior

Major(s) or intended Major(s) _____

Faculty Advisor: _____ Dept:_____

Course Registration / You will select your City Seminar and Elective courses (please refer to sections 7 and 8 of our Resource Book) by means of our lottery system, which allows you to meet your prospective Philadelphia Center faculty and determine which courses best suit your current interests and needs, and helps ensure that all students have equal access to our courses.

However, if you have a requirement that can only be fulfilled by a specific Philadelphia Center course, you may pre-register. If you must take one of our courses to meet a campus requirement, please have your campus faculty advisor or registrar complete the following information:

Campus Academic Advisor or Registrar Statement:

☐ Yes, this student must take the following course while studying at TPC:

_____
Name of City Seminar and/or Elective your student must take in Philadelphia

_____
Name of course(s) for which our City Seminar and/or Elective is substituting

_____
Academic Advisor or Registrar Signature/Date

Letters of Recommendation / Please submit two letters of recommendation on the forms provided. At least one recommendation must be from a faculty member with whom you have studied. The other can be from another faculty person, an administrator, or former employer who knows you well enough to complete this form. Please read the recommendation form before asking someone to complete it. Please list the people who have been asked to provide letters of recommendation on your behalf.

1. _____
Name (please print) Department Email

2. _____
Name (please print) Department Email

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APPLICATION FOR ADMISSION — PART III / Applicant Questions

Please print neatly or type in the space provided. If you'd prefer, you may attach your essays to this application.

1) Provide a biographical statement. What would be helpful for us to know about you?

2) Why do you want to attend The Philadelphia Center? What would you like to experience and learn for a semester?

APPLICATION FOR ADMISSION – PART IV / Important Signatures

To ensure proper processing, please make sure your application is signed by an authorized representative on your campus.

Student Signature	Date
Campus Liaison or Representative Signature	Date
Representative Department and Title	Email

Helpful hints and suggestions:

Speak with your academic advisor to ensure proper transfer of academic credits.

Remember to set up a meeting with your financial aid office to clarify issues regarding tuition, scholarships, and loans. Refer to our Budget Survey for more information.

Ascertain whether or not your campus has an off-campus study deadline and make sure you fulfill any off-campus study application procedures and requirements your institution may have.

Speak with students on your campus who are Philadelphia Center alumni.

Make a copy of your completed application for your records.

We will contact you within 15 working days of receiving your completed application and accompanying materials. Please try to submit your application by June for fall semesters and November for spring semesters. Contact us at admin@tpc.edu if this creates a hardship for you.

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APPLICATION FOR ADMISSION — PART II

Letter of Recommendation for: _____

Thank you for recommending this student for The Philadelphia Center. If you wish to obtain more information about our program, please ask the applicant, see our campus representative, or contact us directly.
(Use additional pages as needed)

1.) Please comment on the student's academic and intellectual abilities and competencies.

2.) What attributes does the student possess that encourage you to recommend him or her?

3.) To the best of your knowledge, does the student have any personal or academic issues that in your opinion would be exacerbated by attending this program?

4.) What else would you like us to know about this student?

Please return this recommendation to the applicant, The Philadelphia Center campus representative, or the Off-Campus Study Office. Thank you. *(Please Print)*

Name _____

College/University _____ Email _____

Department _____ Telephone _____

Signature _____ Date _____

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