MORTUARY SCIENCE AND FUNERAL SERVICE
Southern Illinois University Carbondale
College of Applied Sciences and Arts
(Type or print the following information in black ink)

Last Name ____________________________ First Name ____________________________ Middle ____________________________

Present Address ____________________________

Legal Residence Address, if different from Present Address ____________________________

City ____________________________ State __________ Zip ____________________________ City ____________________________ State __________ Zip ____________________________

Present Telephone Number ____________________________ Permanent Phone Number ____________________________ Dawg Tag ____________________________

COLLEGE(S) ATTENDED:

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<th>City</th>
<th>State</th>
<th>Dates Attended</th>
<th>Major/Degree</th>
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Do you have relatives in funeral service:  ____Yes  ____No  Relationship: ____________________________

Have you ever worked in a funeral home:  ____Yes  ____No  How long: ____________________________

Name and location of funeral home: ____________________________

Certification or Licensure currently held: ____________________________

Have you ever been released from a Mortuary Science program?  ____Yes  ____No

Have you ever initiated a withdrawal from a Mortuary Science program?  ____Yes  ____No
DEGREE COMPLETION

Return this completed form to:

Staci Eakins, Admissions Clerk  
School of Allied Health - MC6615  
College of Applied Sciences and Arts  
Southern Illinois University  
Carbondale, IL 62901  
618-453-8869

I understand that misrepresenting and/or falsifying any information submitted within this application will result in my immediate termination for consideration within the Mortuary Science and Funeral Service program.

___________________________________________  _____________________________
Signature of Applicant                      Date