



Application for Admission

Complete this **application** and the **transcript** request form.

Lancaster Campus students return the completed application to:

York Campus students return the completed application to:

Consolidated School of Business

Admissions

2124 Ambassador Circle
Lancaster, PA 17603

Consolidated School of Business

Admissions

1605 Clugston Road
York, PA 17404

Online Applications may be submitted here:

www.csb.edu/admissions

For more information about our graduation rates, the median debt of students who completed the program and other important information, visit <http://www.csb.edu/gainful-employment>

Consolidated School of Business

Lancaster

2124 Ambassador Circle
Lancaster, PA 17603
717.394.6211
1-800-541-8298

www.csb.edu

York

1605 Clugston Road
York, PA 17404
717.764.9550
1-800-520-0691

admissions@csb.edu

PERSONAL INFORMATION

Mr. Mrs. Ms. Miss

First Name Middle Initial Last Name

Address Apt. No.

City State ZIP

(_____) - _____ (_____) - _____
Home Telephone Number Work Telephone Number

(_____) - _____ _____
Cellular Telephone Number E-mail Address

_____-_____-_____- _____ / _____ / _____
Social Security Number Date of Birth

I earned a GED State in which GED was issued _____ Date _____

OR

Name of High School from which you graduated High School City and State. Date Graduated

List any other business, trade, or technical, 2-year, or 4-year schools attended. No other schools attended.

School Attended Course of Study Graduate Y/N Year

School Attended Course of Study Graduate Y/N Year

School Attended Course of Study Graduate Y/N Year

School Attended Course of Study Graduate Y/N Year

Name of Parent/Guardian/Spouse (for emergency contact)

Address City State ZIP

(_____) - _____ (_____) - _____
Home Telephone Number Work Telephone Number

PROGRAM INFORMATION

Check the program and appropriate option in which you plan to enroll.
Do not check more than one program of study.

ASB Degree

**Business Administration:
Management Trainee**

Computerized Office Management

Administrative Assistant Option

Web Focus Option

Systems Specialist Option

Computerized Accounting Management

Medical Administrative Assistant

Clinical Assistant/Health Unit Option

Health Insurance/Billing Option

Transcription Option

Legal Administrative Assistant

Diploma

Office Associate

Medical Office Specialist

Legal Office Specialist

Clerical Accounting Specialist



I understand that all **Consolidated School of Business** literature is intended for informational purposes, is subject to change without notice, and is available upon request from our **Admissions Office** or online at **www.CSB.edu**.

Signature

Date

Signature of parent/guardian if enrollee is under 18 years of age

Date



TRANSCRIPT REQUEST

Please enter school names where appropriate:

High School _____
Name City/State Year Graduated

GED _____
State Issuing Certificate Year Awarded

Post-secondary _____
Name City/State Year

Post-secondary _____
Name City/State Year

Post-secondary _____
Name City/State Year

I hereby request a copy of my official transcript.

Send to Lancaster Campus

Send to York Campus

Admissions Representative
Consolidated School of Business
2124 Ambassador Circle
Lancaster, PA 17603
717.394.6211
fax 717.394.6213

Admissions Representative
Consolidated School of Business
1605 Clugston Road
York, PA 17404
717.764.9550
fax 717.764.9469

Current Name _____
Last First Middle Maiden

Address _____
Street Apt. No.

City State ZIP

Social Security Number _____ **Date of Birth** ____/____/____

Signature _____ **Date** _____

PLEASE SEND AN OFFICIAL TRANSCRIPT

If for any reason this request cannot be processed, please check the box and return this request via fax to the school indicated above. **Thank you.**