FELONY CONVICTION SUPPLEMENT FORM:

| Αp | oplicant Name: | | | | |
|--|--|---|----------------------------|--|--|
| · | Last | First | Middle | Former/Maiden | |
| Student Identification Number (if known) | | | Applica | Application Term | |
| Pa | art 1: Have you ever been | convicted of a felony? | | | |
| | · · | · · | leas of nolo contendere (n | o contest). Please disregard: minor traffic | |
| | • | | | were adjudicated in juvenile court | |
| | | , and any charges which he habilitative Disposition P | | court or for which you successfully | |
| re en | ceives PHEAA aid. A "yes" | answer will not necessaril n academic majors/progra | ly bar admission to the Un | e Agency (PHEAA) if the applicant iversity, but it may limit the ability to all to live in university-owned or | |
| wa wi | as committed (city and co | untry) and provide relevanission to the university bu | nt information concerning | conviction, where the criminal offense the criminal conviction. A "yes" answer enroll in or complete academic ty-affiliated housing. | |
| | Yes - I have been convicted of a felony. | | | | |
| | 1) If yes, please submit a letter explaining the felony offense, the date of conviction and provide relevant information concerning the felony conviction. Please also provide details on why you would like to attend ESU and how the conviction will not affect your success at ESU nor the health and safety of ESU community, AND; | | | | |
| | 2) Please sign, and date below and move to Part 2 of this form (you must sign in two places). | | | | |
| _ Ap | oplicant Signature and Dat | e | | | |
| _ | | | | | |
| | No - I have not been convicted of a felony. I answered yes to this question in error on my application. You do not need to complete part 2 of this form. Please sign and date this form below and return to our office: | | | | |
| Ap | oplicant Signature and Dat | e | | | |
| Mail Completed Form to: | | East Stroudsburg University Hold Review Process (relevant office) | | | |

200 Prospect Street

East Stroudsburg, PA 18301

Page 1 of 2

FELONY CONVICTION SUPPLEMENT FORM:

Part 2: Personal Data Applicant Name: First Middle Former/Maiden Last **Application Term** Student Identification Number (if known) Aliases-List names, dates used, reasons (e.g., prior marriage, maiden name, etc.) Date of Birth (MM/DD/YYYY):_____ Social Security Number: XXX-XX-__ __ ___ Driver's License #: _____ State: Expiration Date: _____ List all states in which you have lived: ______, _____, _____, _____, _____, _____, **Current Contact Information:** Address:___ City State Zip Street From: (MM/YYYY) To: (MM/YYY) Telephone Number: _____ Email Address: _____ Mobile Telephone Number: _____ Complete and sign the statement below: I hereby certify that to the best of my knowledge, the information furnished above is accurate, true, and complete. I understand that if found to be otherwise, it is sufficient cause for refusal, dismissal, or discipline. I authorize representatives of East Stroudsburg University to make any and all appropriate inquiries regarding the information listed in this supplement, including conducting a criminal history background check through a third party provider. I hereby release the University, its officers, employees, and representatives from any liability or damage that may result from furnishing the information requested or conducting the background check. Applicant Signature and Date

Mail Completed Form to: East Stroudsburg University

Hold Review Process (relevant office) 200 Prospect Street

East Stroudsburg, PA 18301

Please note: Your application for admission is not considered complete until such time all requested information (including this documentation) is received by the East Stroudsburg University (relevant office). Your application may be canceled as incomplete should this requested documentation not be received within two weeks of the request date.