



# APPLICATION FOR ADMISSION FOR GUEST STUDENTS

Phone: 1-800-648-1463 Fax: 1-815-935-4998

Please type or print.

1. \_\_\_\_\_  
NAME (FIRST, MIDDLE, LAST, MAIDEN) SOCIAL SECURITY NUMBER

2. \_\_\_\_\_  
ADDRESS HOME PHONE

3. \_\_\_\_\_  
CITY STATE ZIP COUNTY

4. Your response to the following will in no way affect your admission status. The information is requested so that this institution may demonstrate its compliance with Federal Regulations and may compile meaningful statistics.

Age	Date of Birth Mo.   Day   Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Race <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Non-resident, Alien <input type="checkbox"/> Other _____	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
What church (denomination) do you attend? _____				Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of church _____		City _____				
Are you a dependent of your parent/guardian for federal income tax returns?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

5. \_\_\_\_\_  
NAME AND CITY OF HIGH SCHOOL HIGH SCHOOL GRADUATION (MONTH AND YEAR)

6. Have you enrolled in classes at Olivet before?  Yes  No  
If yes, give last date of enrollment at Olivet:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
Highest degree earned (Circle one): A.A. B.A. B.S. Th.B. M.A. M.A.T. M.B.A.  
M.C.M. M.P.C. Other \_\_\_\_\_  
When do you plan to enroll? \_\_\_\_\_ 20\_\_\_\_

7. Other colleges attended: \_\_\_\_\_  
\_\_\_\_\_

8. Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

9. Purpose for enrolling at Olivet as a guest student:  
 teacher certification  job advancement  personal improvement  
 transfer of credit to another institution  undergraduate credit  
 certificate (non-degree) credit  other \_\_\_\_\_

10. I desire to enroll for the following course(s): \_\_\_\_\_  
\_\_\_\_\_

11. I agree to abide by and uphold the standards of Olivet Nazarene University while I am enrolled at the University.

Signed \_\_\_\_\_ Date \_\_\_\_\_