



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
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What church (denomination) do you attend? _____ Member? Yes No

Name of church _____ City _____

Are you a dependent of your parent/guardian for federal income tax returns? Yes 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 _____