LINFIELD COLLEGE

Division of Continuing Education

APPLICATION FOR ADMISSION

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Email: _____ **Home Phone: ( )**_____

Social Security #: _____ **Anticipated Graduation Date:** _____
(PROVIDE IF APPLYING FOR FINANCIAL AID OR IF YOU WANT TAX INFORMATION SUPPLIED TO YOU.) MONTH\YEAR

Degree: ❑ BA **Major:** ❑ Accounting (ACD) ❑ Business Info Systems (BID) ❑ Management (MGD)
❑ BS ❑ Arts & Humanities (AHU) ❑ International Business (IBD) ❑ Social & Behavioral Sciences (SBS)
❑ RN - BSN License number_____. Include letter of reference from current supervisor or faculty.

Birthdate:_____ **Birthplace:** _____

Former Name(s) that will appear on transcripts: _____

Employer: _____ **Work Phone:** ( )_____

High School:_____ **Date of H.S. Graduation:** _____

Gender & Race/Ethnicity: ❑ Male ❑ Female
Are you Hispanic/Latino? ❑Yes, Hispanic or Latino (including Spain) ❑ No (Regardless of your answer, please select one or more below)
❑ Am Indian/Ala Native (NV) ❑ Black (AB) ❑ Hispanic (HL) ❑ White, Non Hispanic (WH)
❑ Asian/Pacific Islander (AS) ❑ Unknown (UK)

Postsecondary Institution(s): (List all attended and request official transcripts. If you have not attended college, an official high school transcript is required.)

Name of Institution	Date Attended	Degree Earned

1. A non-refundable application fee of $100 must accompany this application.* Please make the check payable to Linfield College.
2. Mail the application form and fee to the DCE office.
3. Request in writing an official transcript from each institution you have attended. Have transcript(s) sent directly to DCE, Linfield College.

❑ *Alumni Application Fee Waiver to be supplied by _____.

Mail all materials to:
Linfield College
Division of Continuing Education
900 SE Baker Street A456
McMinnville, OR 97128-6894

I am a U.S. Citizen ❑Yes or a permanent U.S. Resident ❑Yes.
Have you ever been convicted of a felony? ❑Yes ❑ No
(If yes, please attach a sheet of paper that gives approximate date of each incident and explains the circumstances.)

I certify that the above information is accurate and complete.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY
Date _____ Check # _____
Student ID #_____ Amount $ _____
CM_____