

LINFIELD COLLEGE

DIVISION OF CONTINUING EDUCATION

APPLICATION FOR ADMISSION

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Email: _____ Home Phone: () _____

Social Security #: _____ (Provide if applying for financial aid or if you want tax information supplied to you.)

Advisor: _____ Anticipated Graduation Date: _____
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: (Voluntary) Male Female
 Am Indian/Ala Native (01) Black (02) Hispanic (03) White, Non Hispanic (04)
 Asian/Pacific Islander (05) Non Res Alien (06) Unknown (07)

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.

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.

I certify that the above information is accurate and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date _____ Check # _____

Student ID # _____ Amount \$ _____

CM _____