

LINFIELD COLLEGE

DIVISION OF CONTINUING EDUCATION

**APPLICATION FOR ADMISSION
CERTIFICATE PROGRAM**Name: _____
LAST FIRST MIDDLEAddress: _____
STREET CITY STATE ZIP

Email: _____ Home Phone: () _____

Social Security #: _____ U.S. Citizen? Yes No Permanent U.S. Resident? Yes No
(Provide Social Security Number if applying for financial aid or if you want tax information supplied to you.)Advisor: _____ Anticipated Completion Date: _____
MONTH/YEAR Post Baccalaureate Accounting Human Resource Management MarketingComputer Information Systems: Software Engineering Database Administration Web Application Development

Birthdate: _____ Birthplace: _____

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

Employer: _____ Work Phone: () _____

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

Post-Baccalaureate Only:

College/University: _____ Degree Earned: _____

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)

1. A non-refundable application fee of \$50 must accompany this application.*
2. Mail the application form and fee to the DCE office.
3. Post-bacc accounting: Send Official transcript or letter from institution to verify degree.
4. All Certificates: Send Official transcript if you are using a transfer course to meet a requirement.

 *Alumni Application Fee Waiver.

Please make the check payable to Linfield College.

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

I certify that the above information is accurate and complete.

Signature: _____ Date: _____

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