LINFIELD COLLEGE - ADULT DEGREE PROGRAM
APPLICATION FOR ADMISSION

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Email: _____ Home Phone: ( ) _____

Social Security #:_____ Anticipated Start Date: _____
(PROVIDE IF APPLYING FOR FINANCIAL AID OR IF YOU WANT TAX INFORMATION SUPPLIED TO YOU.) SEMESTER/YEAR

Degree: ❑ BA ❑ BS Major: ❑ Accounting (ACD) ❑ Arts & Humanities (AHU) ❑ Business Info Systems (BID) ❑ International Business (IBD) ❑ Management (MGD) ❑ Marketing (MKD) ❑ Social & Behavioral Sciences (SBS)

❑ BSN ❑ Nursing RN License number_____.
Which RN - BSN cohort do you plan to begin? (Semester/Year)_____/_____.

Birthdate: _____ Birthplace: _____

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

Employer:_____ Work Phone: ( )_____

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

OPTIONAL: Sex & Race/Ethnicity: ❑ Male ❑ Female
Are you Hispanic/Latino? (HL) ❑ Yes ❑ No (Regardless of your answer, please select one or more below)
❑ Am Indian/Alaska Native (NV) ❑ Black or African Am (AB) ❑ White, Non Hispanic (WH)
❑ Asian (AS) ❑ Native Hawiian or Other Pacific Islander (HP)
Please describe background:

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 ADP office.
3. Request in writing an official transcript from each institution you have attended. Have transcript(s) sent directly to Linfield College, ADP.

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

Mail all materials to:
Linfield College
Adult Degree Program
900 SE Baker Street
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 statement 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_____