

**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:  Male  FemaleAre 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)

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 to be supplied by \_\_\_\_\_.

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 97128-6894Have 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: \_\_\_\_\_

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