

# AUGUSTANA COLLEGE

## Special Student Application

Please submit this form and applicable fees at least 14 days prior to the term of enrollment - incomplete forms will not be considered

Check one:  summer session only (\$35 app. fee)  part-time/non-degree (\$35 app. fee)  auditor (\$35 app. fee)  former Augustana student (no fee)

### Student Information

Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last First Preferred Middle Former

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address : \_\_\_\_\_ (the college will contact you via this e-mail address.)

Sex:  M  F Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Citizenship:  U.S.  other citizen of: \_\_\_\_\_ alien registration number: \_\_\_\_\_

Marital Status  Single  Married ( Spouse's Name \_\_\_\_\_ )

Race/Ethnicity: Are you of Hispanic/Latino descent?  Yes or  No  
 Check all that apply:  American Indian or Alaska Native  African-American or Black  Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  Asian  Caucasian (White)

Religious Affiliation:  Lutheran  Catholic  Baptist  Jewish  Methodist  Presbyterian  Other

Former Student: last term enrolled: \_\_\_\_\_  I have coursework to transfer to Augustana  former first year student  former transfer student

### Enrollment Objectives

Date of expected enrollment  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Enrollment status:  Full-time (8 credits or more)  Part-time (credits or less)

Please check one:  I will live in campus housing  I will commute from home  I have senior status and will live off-campus

Do you plan to obtain your degree from Augustana? \_\_\_\_\_ Major(s) \_\_\_\_\_

### Academic Back ground

College or High school where you were most recently enrolled: \_\_\_\_\_

Have you previously attended Augustana College? \_\_\_\_\_ Dates of attendance: \_\_\_\_\_  
(if you have never been enrolled at Augustana previously please have your high school or college transcripts forwarded to the College.)

Please list all other educational experiences (Please begin with your high school information, then list other colleges)

Institution Name	Location	Dates attended	Reason for leaving or degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Family Information

Name of parent of guardian for official College communication: (does not apply to independent students)

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street or PO Box City State Zip

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Preferred contact?  Home phone?  Work phone?  Cell phone?  E-mail?

Relationship to the student \_\_\_\_\_

### Auditors Only (auditors must also complete and adhere to the policies in the Authorization to Audit Form available on-line and in the Office of the Registrar)

I plan to audit the following course(s):

_____	_____	_____	_____
department	course number and section	course title	instructor
_____	_____	_____	_____
department	course number and section	course title	instructor

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR COLLEGE USE ONLY: Student ID # \_\_\_\_\_  
 Date received \_\_\_\_\_ by dept \_\_\_\_\_  
 Transcripts re'cd \_\_\_\_\_ by dept \_\_\_\_\_  
 AP AC TD updated LAF 9-28-09