request for special admission

NOTE: Should you decide to become a degree-seeking student at anytime in the future, you will need to complete the traditional application process through the Milligan College Admissions Office.

section 1: personal information

Name: _____
LAST FIRST MIDDLE MAIDEN

Social Security No: _____ Preferred first name: _____

Permanent Address: _____
STREET/BOX NUMBER CITY STATE ZIP

Phone: ( ) _____ E-mail address: _____

Church Name: _____

I certify that all information given in this application to be correct and true. If I enroll, I pledge to uphold the Christian expectations and responsibilities for student lifestyles of Milligan College. I will conduct myself in a manner that will reflect positively upon myself, my peers, and the college. I consent to the use of my name and photograph in publications of Milligan College.

Applicant's Signature: _____ Date: _____

The optional information requested in this section of the application is voluntary and will not be used in a discriminatory manner.

Birthdate: ____/____/____ **Gender: ☐Male ☐Female** **Marital Status: _____**

Ethnic Background: ☐African-American ☐Asian ☐Caucasian ☐Hispanic ☐Mixed Race ☐Native American ☐Other

section 2: status of admission

I am requesting admission to Milligan College as a:

- ☐ Milligan College graduate wanting to complete course(s) for personal enrichment or courses that are prerequisite for enrollment in a graduate program of study at another institution
- ☐ High school student wanting to enroll in college courses prior to high school graduation (Applicant must submit a transcript from the high school currently attended)
- ☐ Individual wanting to take courses for audit credit only
- ☐ Transient student wanting to transfer courses to another college (Applicant must submit an official transcript from the last institution attended)
- ☐ Northeast State Community College student wanting to enroll in Milligan College/Northeast State Consortium Agreement for Nursing.
- ☐ Other_____

section 3: course enrollment

I want to enroll in the following courses for: ☐ Fall Semester ☐ Spring Semester ☐ Summer Term YEAR: 200_____

DEPT | COURSE # | SECTION COURSE TITLE HRS CREDIT

1. _____
2. _____
3. _____

RETURN TO: Milligan College Admissions Office • PO Box 210 • Milligan College, TN 37682 • Fax: 423.461.8982