

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
- Individual seeking Computer Information Systems (CIS) Certificate
- 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: 20_____

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