



Adrian College Special, Non-Degree Student Application

Semester Applied For: Fall Spring May Summer Year _____

Personal Information:

Social Security # _____ First Name _____ Middle Name or Initial _____ Last Name _____

Date of Birth _____ Home Address _____

Home Phone _____ City _____ State _____ Zip Code _____

Gender: Male Female

Marital Status (Optional): single widowed divorced married _____
maiden name

Historical Information:

Have you previously applied for admission to Adrian College? Yes No

Have you previously attended classes at Adrian College? Yes No

If yes, indicate dates of attendance : _____

Institution currently or last enrolled:

_____ Dates of Attendance _____ Degree(s) Received _____

Proposed Schedule:

Dept	Number	Seq #	Title	Credit hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total				_____

X _____
Applicant's Signature

Date

Adrian College seeks to enroll qualified students regardless of sex, sexual orientation, race, color, age, physical disability, national or ethnic origin or religion. Questions on this application which relate to the above are designed solely to gather data necessary to report to government agencies and/or assist students in identifying educational opportunities.

Return completed application to :

**Adrian College
Registrar's Office
110 South Madison Street
Adrian, MI 49221-2575
registrar@adrian.edu**