Application for Part-time Attendance Martin Luther College Information for the Admissions/Records Office				
Name:				
Last Name	First Name		Middle Name	
Address:				
Email:				
Phone: ()				
Gender:MF Birth date: _	<u> </u>			
Racial/Ethnic Background (used for state	merican Indian ative Hawaiian Ion-US citizen,	/ Alaska Native / Other Pacific Island	ler No	2 or more races
Marital Status: Course for which you are registering:				
	Number	Title		
	Number	Title		
	Number	Title		
Purpose for registering for this course? Finishing a program	Certific	ation	Self Imp	provement
What is your current occupation and na	me of emplo	yer?		

Have you previously registered for a course on Martin Luther College? If so, please c	or attended 🗆 Dr. Martin Luther College, 🗖 Northwestern College, or check the appropriate college.
If "yes" which years did you attend?	Regular sessions (years)
	Summer Sessions (years)
	Correspondence course (years)
Church membership	t at Martin Luther College, please complete the information below:
High School Attended	Date of graduation
Previous college(s) attended or from w	/hich you have taken courses:
College Lo	ocation Years attended
The cost of audits for non-degree seeking stu- those 60 years of age or older. <i>I hereby agree to the academic policies which</i>	ts (11 credits or less per semester, including audits) is \$255 per credit. Idents is \$105 per course (excluding private music lessons) or \$80 per course for
information provided on this application is co	
Signature	Date
*Please note: The applicant's obligati information that may change after sub-	ion to provide complete and accurate information on this form includes updating any mitting this application.