Application for Part-time Enrollment Martin Luther College Information for the Admissions/Records Office



Last Name			
Last Halli	e	First Name	Middle Name
Address:			
Email:			_
Phone: ()		☐ Cell ☐ Home	
Gender:M	F Birtl	n date:/	
Racial/Ethn	nic Background (used	I for state and federal government reports)	
		American Indian/ Alaska Native	
His	spanic/ Latino	Native Hawaiian/ Other Pacific Islan	2 or more races
Citizenship:	US Citizen	Non-US citizen, permanent resident	Non-US citizen, non-reside
If non-US o	citizen, country of citizer	nship? Vi	isa ype
	y Number: s:		
Application T	ype (check one):	☐ Registering / ☐ Auditing	
Comman(a) =====	are planning to tal	τ e •	
. AHFSELS) VAN	are planning to tal	10.	
Course(s) you			
	Number	Title	
.,,	Number	Title	
	Number	Title Title	
	Number	Title	
	Number Number	Title	
	Number	Title	

Vhat is your current occupation and name of employer?				
Have you previously registered for a course or attended: □ Dr. Martin Luther College, □ Northwestern College, or □ Martin Luther College? If so, please check the appropriate college.				
"yes" which school years did you attend?	Regular sessions (years)			
	Summer Sessions (years)			
	Correspondence course (years)			
this is your first registration or enrollment at	Martin Luther College, please complete tl	he information below:		
Church Membership				
Church Denomination				
	Date of Graduation			
Previous college(s) attended or from whic				
College	Location	Years attended		
		nding audits) is \$295 per credit.		
	those 60 years of age or older.			
hereby agree to the academic policies which are formation provided on this application is corre		log, and I verify that the		
Signature		Date		
*Please note: The applicant's obligation information that may change after submit	to provide complete and accurate information ting this application.	on on this form includes updating an		