

APPLICATION FOR ADMISSION SPECIAL OR AUDIT STUDENT

| | | For internal use only: | | | |
|---|-------------------------------|--------------------------------|------------------------|-------------------------------|--|
| 1306 N. Highland St. Arlington, VA 22201 703-812-4757 ext. 204 • 703 enrollment@leland.edu | -812-4764 (fax) | Date Received: _ By: | | ate Admitted: tudent ID #: | |
| I. Student Classification (chec Graduate Special Student | Ek one) □ Visiting Special | Student \Box A | lumni* Special Student | Audit Student | |
| Entry Semester (check one) Fall Semester | January Term | □ s _I | pring Semester | June Term | |
| Campus (check one) Main Campus (Arlington, V | A) 🛛 Hampton | n Roads 🛛 🗖 So | outhwest Virginia | | |
| II. Personal Information Plea | se type or write leg | ibly in blue or bla | ıck ink. | | |
| Last (Family) Name | First (Legal) Nan | ne M | liddle Initial | Jr., Etc. | |
| Nickname/Preferred Name | Former/Maiden N | Jame Bi | irthdate (mm/dd/yyyy) | | |
| Home Phone | Cell Phone | W | ork Phone | | |
| E-mail Address | | So | ocial Security Number | | |
| Home Address | City | St | tate | Zip Code | |
| Ethnic Survey (For statistical p Latino/Hispanic Black/African American | | dian/Alaska Native Hispanic | e 🛛 Asian/Pac | ific Islander | |
| | List your post- | high school educa | ational experiences. | | |
| III. Educational Information | List your post | | | | |

V. Short Answer Please use a separate sheet of paper to respond to the following question.

What are your short-term ministry goals and how do you believe attending the John Leland Center will help you achieve them?

VI. Signature I hereby declare that to the best of my knowledge all information presented herein is accurate and complete.

Signature_____

* Alumni Special Student is a category for Alumni of the John Leland Center who are returning to take a class.