

WISCONSIN LUTHERAN COLLEGE

Application for Special Admission

DIRECTIONS FOR APPLYING TO WISCONSIN LUTHERAN COLLEGE

1. Print or type the information requested. Return the completed form and the **\$5 application fee** to the Office of Admissions. Make your check payable to Wisconsin Lutheran College.
2. If you need additional information or assistance, contact the Office of Admissions by phone: 414.443.8811, fax: 414.443.8547, or email: admissions@wlc.edu.

APPLICANT INFORMATION

I am interested in taking courses as (check all that apply): Audit Non-Degree Seeking Student Young Scholar/Youth Options

I plan to begin Fall 20 _____ Spring 20 _____ Summer 20 _____

Have you previously attended Wisconsin Lutheran College? Yes No If yes, dates attended: _____

Mr. Ms. Mrs.

Name _____
Last First Middle

Preferred Name _____ Maiden Name _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month Day Year

Mailing Address _____
Number and Street

_____ City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____

Email address _____ Occupation _____

Religious Affiliation: Lutheran (specify church body, e.g., Wisconsin Synod) _____ Catholic Methodist

Presbyterian Baptist Non-Denominational Other Christian _____ No preference

Name of Church _____
City State

BIOGRAPHICAL INFORMATION (This information is optional.)

Gender: Male Female Marital Status: Single Married _____ Divorced Widowed
Spouse's first name

Ethnic Group: Hispanic / Latino Non-Hispanic / Non-Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Citizenship: U.S. Permanent U.S. Resident Country of Citizenship: _____

FOR OFFICE USE ONLY: RCD _____ AF _____ TR _____ REC _____ ACC _____ REG _____

EDUCATIONAL INFORMATION

Name of High School _____ High School Graduation _____
Month / Day / Year

List colleges or universities you have attended, beginning with the most recent.

<i>Name of College or University</i>	<i>City and State</i>	<i>Dates Attended</i>	<i>Degree</i>

ACADEMIC INTEREST

Intended Course(s) of Study: _____

Reason for Taking Course: Personal Enrichment Young Scholar Other: _____

FAMILY INFORMATION [If you reside with your parent(s), complete the following.]

FATHER/GUARDIAN

Mr. Dr. Rev. Name _____
Last First Middle

Address _____
(If different than applicant) Number and Street City State Zip Code

Occupation _____ Business Phone (_____) _____

MOTHER/GUARDIAN

Mrs. Ms. Dr. Name _____
Last First Middle

Address _____
(If different than applicant) Number and Street City State Zip Code

Occupation _____ Business Phone (_____) _____

The undersigned hereby certifies that the information provided above is accurate and complete and agrees to comply with the current policies and regulations pertaining to the academic and social life of Wisconsin Lutheran College students as stated in the college catalog.

Signature Date

Wisconsin Lutheran College does not discriminate against qualified individuals on the basis of race, color, disability, national, or ethnic origin in its recruitment, admission, educational, or administrative policies, scholarship and loan programs, and athletic and other school administered programs. The college also is committed to admitting student athletes who will demonstrate a level of success consistent with that of all students on campus. Male and female student athletes will receive fair and equal treatment.

Wisconsin Lutheran College is affiliated with the Wisconsin Evangelical Lutheran Synod. The college reserves the right to make changes affecting policies, fees, curriculum, and other matters in this publication.