



\$30.00 Non Refundable Application Fee Required

Application For: ( ) Transient Admission ( ) Special Admission ( ) Re-Admission

Semester I Plan to Enter: FALL, 20 SPRING, 20 SUMMER, 20 EVENING, 20

First Attendance at Martin Methodist College: FALL SPRING SUMMER EVENING, 20

If you are taking a summer class and this is your first summer class please indicate how you found out about our summer classes:

Name Last First Middle or Maiden

Address Street City State Zip Code County

Phone E-mail Address

Social Security Number Date of Birth

Male Female Married Single Religious Preference

List of Colleges Attended Including Martin Dates of Attendance

Father of Spouse Mother

Name Address Phone

I hereby certify that the above information, as to the best of my knowledge, is true and complete. I understand that if it found to be otherwise, it is sufficient cause for rejection or dismissal. If accepted, I will abide by all rules and regulations of Martin Methodist College.

Signature Date