



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

**\$30.00 Non Refundable
Application Fee Required**

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

First Attendance at Martin Methodist College: FALL/SPRING/SUMMER/EVENING, 20____
(Circle One)

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 _____

<i>List all Colleges Attended Including Martin</i>	<i>Dates of Attendance</i>

Father or 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 is 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 _____