



\$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____
(Circle One)

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 all Colleges Attended Including Martin	Dates of Attendance

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 _____