



# The College of St. Scholastica

Please return to:  
Janine Fosle  
Attn: Transfer Admissions  
1200 Kenwood Ave  
Duluth, MN 55811  
Fax: (218) 723-5991

## Undergraduate/Graduate Student Information Form for Non-Degree-Seeking Students

What term do you plan to attend?  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

### Instructions and general information

1. **Do not** fill out this form if you will be seeking a baccalaureate or master's degree at The College of St. Scholastica.
2. If you have ever been enrolled as a degree-seeking student at The College of St. Scholastica, please see the Admissions or Graduate Studies Office for an application for readmission. Do not complete this form.
3. Please be aware that non-degree-seeking students may not be eligible for financial aid.
4. This form must be completed before you can be registered for classes.

### Please print or type

Full name \_\_\_\_\_ U.S. Social Security number \_\_\_\_\_  
Last First Middle Maiden

First name preference \_\_\_\_\_ E-mail address \_\_\_\_\_

Permanent address \_\_\_\_\_  
Street City State ZIP County

Current address (until \_\_\_\_\_)  
Mo/yr Street City State ZIP County

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_  
Month Day Year

Are you a U.S. citizen?  Yes  No Are you a veteran?  Yes  No

Have you ever applied for admission to The College of St. Scholastica?

Yes  No If so, when? \_\_\_\_\_

### Educational background

Have you previously attended St. Scholastica?  No  Yes

If yes, name under which you were registered \_\_\_\_\_

Will you enroll as:

- an undergraduate non-degree-seeking student
- a graduate non-degree-seeking student
- a student auditing a class
- a cross-registered student
- a graduate certificate-seeking student
- a student taking prerequisite courses
- a student seeking licensure only
- other (please describe) \_\_\_\_\_

### Optional information – Used for statistical purposes only

Sex  Female  Male

Ethnic origin

- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian American
- Other \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

To the best of my knowledge the information contained in this form is accurate and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_