

ADMISSION APPLICATION FOR <u>VISITING STUDENT</u> OR <u>PUBLIC SCHOOL TEACHER</u>

☐ FALL ☐ SPRING ☐ SUMMER YEAR: ____

Admission to summer school does not constitute admission as a regular student at Mars Hill University.

Name				Preferred	Name	
Last	First	Middle	Maiden			
Permanent Mailing Address						
		Stree	et or Route			
City		County		State		Zip
Home Telephone	Work ⁻	Telephone		Date of B	irth	_
Employer						
Social Security #	rity # on this form with t	E-mail the understanding	it will be used only	ofor this institution's re	cord keeping and	data processing
U.S. Citizen □ Yes □ No Nat				ent Exchange/Sch	olar	
Will you have been a legal reside registration at Mars Hill? ☐ Yes						e date of
Veteran □ Yes □ No	Branch of Servi	ce				
•	on is requested for s can-American casian	Native Americ	an 🗆 Asian	Other		
Gender: □ Female □ Male		Mar	ital Status			
Religious Affiliation	(Denomination)			(Name of Co	ngregation)	
List any health factors or special	needs that should	d be called to c	our attention:			
If you are a dependent, please Father's Name:	-			Phone #:		
Address (if different than yours):						de/Phone #
☐ Living ☐ Deceased	Occupation:					
Mother's Name:				Phone #:		1.00
Address (if different than yours):						de/Phone #
☐ Living ☐ Deceased						
EDUCATIONAL DATA						
High School Attended		Loc		(

nat is your antici	pated major?		
	about the Adult ACCESS Sur		
		☐ Friend	
_		□ Employer	
Newspaper		□ Other	
lease complete	the appropriate section bel	ow and have it signed by the proper official	. If a student registers for five (5)
more hours pe	session and is enrolled in a d	day class, he/she must submit required immu	unization records.
1. VISITING	CTUDENT		
1. VISITING		student in good standing at	and is granted
	13 a	Student in good standing at	and is granted
nermissio			with the understanding that a transcript
•	n to take the following cours	es in the Mars Hill University summer session	
•	on to take the following cours I be sent to us at the close of t	es in the Mars Hill University summer session the session. (Please list approved courses by the	number and title.)
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credit wil	on to take the following cours I be sent to us at the close of t	es in the Mars Hill University summer session the session. (Please list approved courses by a Dean or Registrar	number and title.)
Date:	on to take the following cours I be sent to us at the close of the	es in the Mars Hill University summer session the session. (Please list approved courses by a Dean or Registrar nation must be for the next academic year, not the	number and title.)
Date:	on to take the following cours I be sent to us at the close of the	es in the Mars Hill University summer session the session. (Please list approved courses by a Dean or Registrar	number and title.)
Date: State in v	on to take the following cours I be sent to us at the close of the sent to us at the close of the clos	Dean or Registrar nation must be for the next academic year, not the School System	e current one.)
Date: PUBLIC: State in v	on to take the following cours I be sent to us at the close of the	Dean or Registrar nation must be for the next academic year, not the School System	e current one.)
Date: PUBLIC: State in v	on to take the following cours I be sent to us at the close of the	Dean or Registrar nation must be for the next academic year, not the School System	e current one.)
Date: 2. PUBLIC: State in v Name of the state of	Signature: SCHOOL TEACHER (This information your Superintendent of School your Principal	Dean or Registrar mation must be for the next academic year, not the School Name	current one.)
Date: 2. PUBLIC: State in v Name of the state of	Signature: SCHOOL TEACHER (This information your Superintendent of School your Principal	Dean or Registrar nation must be for the next academic year, not the School System	e current one.)
Date: Date: 2. PUBLIC: State in v Name of State or Grade or	son to take the following cours I be sent to us at the close of the the cl	Dean or Registrar nation must be for the next academic year, not the School System School Name	current one.)
Date: Date: 2. PUBLIC: State in v Name of State or Certificate	Signature: Signature: Signature: Signature: Signature: Signature: Signature: Sour Superintendent of School Sour Principal Subjects you teach Subjects Your Bub	Dean or Registrar mation must be for the next academic year, not the School Name	e current one.)

EDUCATIONAL DATA Continued

COMPLETED APPLICATION SHOULD BE MAILED TO:

Superintendent of Schools or Coordinator of In-Service Education

Adult and Graduate Studies Mars Hill University Box 6682 Mars Hill, NC 28754

Date: _____ Signature: ____

FAX: 828-689-1290 or EMAIL: mpresley@mhu.edu

This institution is an equal opportunity provider and employer.

Mars Hill University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools
National Council for Accreditation of Teacher Education
Council on Social Work Education