

Special Student Application

INFORMATION AND INSTRUCTIONS

- You must complete this form for *each semester* you plan to take a course at Beloit College.
- Early College Credit** students turn in to Admissions (Middle College).
- Continuing Education, employee, and employee family students, turn in to the Registrar's Office (Pearsons, 2nd floor).
- You may search courses online at http://portal.beloit.edu/ICS/Course_Search/
- To register for a class, you will need to pick up an Add/Drop Card in the Registrar's Office, and have it signed by the instructor of the course you would like to register for.**
- Faculty/Staff and Family: You will need to complete an Educational Assistance Program Request as well.
- Community Members/Continuing Education Student: Arrangements for payment must be made in the Accounting Office as soon as you are registered. Financial aid is not available to part-time students.
- You will receive further information by email once your application is processed, including a Beloit email and Moodle login.

Name: _____ **Social Security Number:** _____
Last, First, MI

Home Address: _____
Street City State Zip

Mailing Address (if different): _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Date of Birth: _____ **Legal Sex:** ☐ Male ☐ Female **Marital Status:** _____

Citizenship: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien **Place of Birth:** _____
City, State or Country

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino **Race:** ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
(optional) ☐ Asian ☐ White
☐ Black or African American

Term of Registration: ☐ Fall ☐ Spring ☐ Summer 20 _____

Degree-Seeking: ☐ No ☐ Yes

Program: ☐ Continuing Education Program ☐ Faculty ☐ Staff ☐ Early College Credit
☐ Overseas Program (ACM) ☐ Faculty Family ☐ Staff Family ☐ Other: _____

Why do you wish to enter Beloit as a Special Student? _____

Academic History (Please list all schools and colleges attended since 11th grade):

School	City, State	Dates Attended (mo/yr – mo/yr)	Degree or reason for leaving
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By signing below, I certify that the above information is complete and correct to the best of my knowledge.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Approved By: _____ Date: _____ Student ID: _____

- ☐ Registered
☐ Employee Assistance Request Received