

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: _____ **Gender:** 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 Asian Black or African American Native Hawaiian or Other Pacific Islander White

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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