

CONCORDIA COLLEGE

NEW YORK

APPLICATION FOR PART-TIME NON-MATRICULATED STATUS (Please Print)

LAST NAME	FIRST	MIDDLE	CIRCLE ONE: Mr. / Mrs. / Miss / Ms / Dr. / Other:		
STREET ADDRESS		CITY	STATE	ZIP CODE	NYS COUNTY
TELEPHONE NUMBER	CELL/EMERGENCY PHONE NUMBER		E-MAIL ADDRESS		
HIGHEST LEVEL OF EDUCATION COMPLETED/DATE OF COMPLETION			SOCIAL SECURITY NUMBER (Required for Federal Form 1098T only)		
BIRTH DATE	COUNTRY OF CITIZENSHIP*	ETHNICITY* (Check one) I am: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	RACE* (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native [] Asian <input type="checkbox"/> Black/African American [] Caucasian/ White <input type="checkbox"/> Native Hawaiian/Pacific Islander		
RELIGION*	DENOMINATION*	CONGREGATION, IF LUTHERAN*			

* This information is used for statistical purposes only and not as a basis for admission

Have you ever taken a course at Concordia before? YES NO

Have you applied for admission as a degree seeking student to Concordia in a future term?
 YES NO

Year: _____ Term: [] Fall; [] Spring; [] Summer; [] Adult Education I; [] AE II

I WISH TO REGISTER FOR THE FOLLOWING COURSE(S):

HIGH SCHOOL STUDENTS COMPLETE THIS SECTION:

HIGH SCHOOL NAME	HIGH SCHOOL ADDRESS
CURRENT CLASS STANDING [] FRESHMAN [] SOPHOMORE [] JUNIOR [] SENIOR	
APPROVAL OF GUIDANCE COUNSELOR _____	

STUDENTS WISHING TO REGISTER FOR COURSES WHICH HAVE A PRE-REQUISITE MUST PROVIDE TRANSCRIPTS SHOWING THAT PRE-REQUISITES HAVE BEEN MET. IF ADMITTED TO CONCORDIA I AGREE TO COMPLY WITH THE COLLEGE'S RULES AND REGULATIONS.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

METHOD OF PAYMENT

Check/Money Order (Made out to Concordia College)		
Credit Card – American Express, MasterCard or VISA only		
Credit Card Number	Exp. Date	Cardholder Signature