



# Summer Sessions Application

(to be completed by individuals not enrolled in Barton College during Spring semester)

## Office of Lifelong Education and Summer Sessions

Academic Year \_\_\_\_\_

Barton College, Box 5000, Wilson, NC 27893-7000

Questions? 1-800-767-6305

(Please print or type)

Miss Mr. Mrs. Ms. \_\_\_\_\_  
(Circle one)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  F  M

Are you a college graduate?  Yes  No

If yes, name of college: \_\_\_\_\_

Are you now enrolled in or have you ever attended college?  Yes  No

If yes, name of college: \_\_\_\_\_

Reason for attending Barton's Summer Sessions (Check one)

- have applied for admission to Barton;
- admission to Barton is conditional upon attending Summer Sessions;
- credits to be transferred to another college;
- teacher licensure renewal credits;
- other reason(s) \_\_\_\_\_

(Note: Students who wish to apply for admission to Barton College must make formal application through the Admissions Office for full-time enrollment and through the Office of Lifelong Education for part-time enrollment.)

Students are required by North Carolina State law to have on file a certificate of immunization with the College.

Do you have a certificate of immunization on file at your current or previous school?  Yes  No

Complete the information requested below:

### Numbers and Titles of Course Selections

First Session 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 Alternate \_\_\_\_\_

Second Session 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 Alternate \_\_\_\_\_

Students from other colleges must have their Dean or Registrar complete the following:

College: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*This is not to be confused with actual registration. Registration is the first day of each session.*