

Summer Session Application

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

Office of Admissions

Barton College, Box 5000, Wilson, NC 27893-7000 • 1-800-345-4973

(Please print or type)

Academic Year _____

Miss Mr. Mrs. Ms. _____
(Circle one)

Home Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Present Mailing Address _____

City _____ State _____ Zip _____

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 Session (Check one)

- Have applied for admission to Barton Credits to be transferred to another college
 Admission to Barton is conditional upon attending Summer Session Teacher licensure renewal credits

Other reason(s) _____

(Note: Students who wish to apply for admission to Barton College must make formal application through the Office of Admissions.)

(Complete the information requested below.)

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

Numbers and Titles of Course Selections

1) _____

2) _____

3) _____

Alternate _____

(Students from other colleges must have their Dean or Registrar complete the following information.)

College _____

Approved by _____

Date _____

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