

APPLICATION FOR ADMISSION TO SPECIAL/LIMITED STATUS

Semester (circle one): **Fall / Spring** Year: **200__**

PERSONAL INFORMATION

Name: _____
Last First Middle

Present Mailing Address:

City

State/Province (Country) Postal Code

Permanent Mailing Address:

City

State/Province (Country) Postal Code

Telephone Number:

(Daytime) _____

(Home) _____

Date of Birth (Month/Day/Year) _____

Place of Birth (City/State) _____

Country of Citizenship _____

Religious Denomination _____

Spouse's Name _____

Names and Ages of Children _____

ACADEMIC BACKGROUND

List all post-secondary institutions attended (College/University, Graduate/Professional Schools, Seminaries, etc.). Please request that transcripts from the above listed schools be sent to CDSP as quickly as possible.

Name of Institution	Location	Dates Attended (From) (To)	Major Field	Degree/ Diploma	Date Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PROPOSED COURSE OF STUDY

Please indicate the course you wish to take or the general area in which you wish to study and briefly explain why in the space provided.

Course or area of study: _____

Why this course or area:

LETTER OF REFERENCE

Please indicate the name and address of your recommender.

Note: It is your responsibility to ask for references. A reference form is included with this application. Please sign the form and give it to your recommender.

Name _____
Address _____
City/State/Zip _____

☞ A \$30 APPLICATION FEE IS REQUIRED WITH THIS FORM ☞