

Applicant's marital status (optional)

Single Married Divorced/separated Widowed

If married or plan to be married, date of marriage: _____
month / day / year

Spouse's name: _____
Last First Middle initial

Occupation/Employer of Applicant: _____

Occupation/Employer of Spouse: _____

Church affiliation (optional)

Denomination: _____ Congregation: _____

Educational background

Have you been enrolled previously at Goshen College? Yes No If so, when? _____

High school attended: _____ Date of graduation: _____

Address of high school: _____

Previous colleges attended, including Goshen College:

<i>School</i>	<i>City, State</i>	<i>Dates attended</i>	<i>Hours earned</i>
_____	_____	_____	_____
_____	_____	_____	_____

I would like to enroll in:

<i>Semester / year</i>	<i>Course title</i>	<i>Time</i>

Signature: _____ Date: _____

(Note: This signature also verifies the accuracy of the information on this application.)

Please return your completed application, along with your \$200 deposit, to the Admissions Office.

OFFICE USE: App processed _____ Payment processed _____ Registration entered _____