

**CALVIN COLLEGE / CALVIN SEMINARY EMPLOYEE
APPLICATION FOR TUITION WAIVER***

Employee Name: _____ Calvin ID #: _____

Seminary ID (if applicable) #: _____

Home Address: _____

Department: _____

Ext: _____

This is an application for: Fall Interim Spring Summer semester, 20____

Course Name: _____

Number of Credit Hours _____

Auditing? Yes or No

Please indicate your status below:

I am a **full-time** employee at Calvin.

I am a **regular part-time** employee.

Employee Signature

Date

Supervisor's approval

Date

Once you obtain your supervisor's signature, please send this form to the Admissions Office at the college or seminary, whichever is applicable.

For Office Use Only:

Admissions' approval

Registrar's approval

Human Resources' approval

*All fields of this form are required. Incomplete forms will be returned to the employee before processing by the Admissions Office.

GRADUATE AND UNDERGRADUATE NON-DEGREE APPLICATION



This form must be completed for each semester/term you wish to register for.
Please answer the following questions to help us serve you better:

1. Have you graduated from High School? Yes No
(If no, please explain on a separate sheet of paper.)
2. Are you currently enrolled in another institution? Yes No
(If yes, please contact our Admissions Office)
3. Do you currently have a Bachelor's or Master's degree? Yes No
4. Have you previously applied to any program at Calvin? Yes No

Please check the box which best reflects your situation in applying for admission:

- I have graduated from high school and wish to take an undergraduate course at Calvin.
*I do not intend to apply for a degree from Calvin at this time.**
- I have completed a bachelor's degree and now wish to take an undergraduate course at Calvin.
*I do not intend to apply for a degree from Calvin at this time.**
- I have completed a bachelor's degree and now wish to take a graduate course at Calvin.
I do not intend to apply for a degree from Calvin at this time.
- I am interested in obtaining, renewing, or adding an additional subject to a teaching certificate.
- I wish to attend a summer workshop
- Other, please explain: _____

* Undergraduates who wish to take a class at Calvin College (who are not attending any other institution) are limited to 9 semester hours. Those who wish to take more courses must be formerly admitted to the college using our regular application process.

Return to: Director of Admissions, Calvin College, 3201 Burton Street SE, Grand Rapids, MI 49546 or Fax 616-526-6777

LAST NAME				FIRST NAME				MIDDLE NAME				FORMER/OTHER NAME (Please circle)			
HOME ADDRESS—NUMBER AND STREET								CITY				COUNTY		STATE/PROVINCE	
ZIP/POSTAL CODE				COUNTRY				SOCIAL SECURITY NUMBER				M F GENDER			
AREA CODE		HOME PHONE				AREA CODE		OTHER PHONE							

E-mail Address: _____

Mailing or Temporary Address (if different from above)—Effective dates: From _____ To _____

Course Information

Entry Date: (year) _____ Fall Semester January Interim Spring Semester Summer

I plan to register for the following course(s):

Department	Number	Title (key word)	Sem. Hrs.	Dates

Additional Applicant Information

Marital Status (optional): Single Married Birth Date (optional): _____

Birth Place: City _____ State/Province _____ Country _____

Citizenship: U.S. Citizen U.S. Citizen Living Abroad Canadian Citizen Canadian /U.S. Dual Citizen

Other Citizenship: _____

If you do not have U.S. or Canadian citizenship please name the country in which your passport was or will be issued and complete the residency and immigration information below:

U.S. Resident—Your Lawful Permanent Resident No.: _____

Canadian Resident—Please explain your immigration status: _____

Presently residing in U.S.—Please list your immigration status:

 Visa Classification: _____ Visa Expiration Date: _____

What is your native language? _____

Ethnic Background (optional): African/Black/African American Hispanic/Latino White/Caucasian

Asian/Asian American Native American

Multiracial, please specify _____

Other, please specify _____

Church (optional): Name _____

 Denomination _____

I certify that the information on this application is, to the best of my knowledge, accurate. I understand that as a non-degree seeking student I will be limited to 9 semester hours. I also understand that Calvin College aims to provide an education which is Christian and is shaped by the Christian faith as reflected in the Reformed tradition.

Signature _____ Date _____

Calvin does not discriminate with regard to age, race, color, national origin, sex, or disability in any of its education programs or other activities.

CALVIN
MINDS IN THE MAKING