

Summer School Application

Office of Adult Learning
P.O. Box 1500042
Jackson, MS 39210

MILLSAPS COLLEGE

JACKSON • MISSISSIPPI • 39210

Please check the appropriate statement: () 1st summer, () 2nd summer, () Special 9 weeks

Please complete the following information.

Name _____
Last First Middle

Permanent Home Address _____

City _____ State _____ Zip _____

Current Home Address _____

City _____ State _____ Zip _____

Current Phone _____ Home Phone _____

PERSONAL information Soc Sec # _____ () Female () Male Date of Birth _____

() U.S. citizen () International Student Nationality _____

Race: () American Indian/Alaskan Native () Asian/Pacific Islander () Black (non-Hispanic)
() Hispanic () White, Anglo, Caucasian (non-Hispanic) () Other

Parent/Spouse Name (if applicable) _____

Parent/Spouse Address _____

City _____ State _____ Zip _____

Will you require housing? () yes () no

Will you attend another school during the time you are attending Millsaps College this summer? () yes () no

If yes, which school? _____ **Dual enrollments must be approved by the Dean of the College.**

Do you plan to attend the summer session under a Veterans Administration Program?

() yes () no If yes, be sure to talk with the VA Representative, Records Office.

Have you ever attended Millsaps College before? () yes () no When? _____
Semester/Year

Name/address of the school last attended _____ From _____ To _____

Academic admission requirements:

-A student who has not previously attended a college must supply a complete high school transcript.

-A college student must supply a statement of eligibility from the school last attended by the FIRST day of class.

-A student who enrolls for the summer session ONLY must complete a separate application for admission to continue studies at Millsaps College during the regular session.

-Are you in good academic standing in the institution you are currently attending, or the institution last attended?
() yes () no

I certify that the information on this application is complete and accurate.

Signature _____ **Date** _____

Millsaps College is committed to a policy of non-discrimination on the basis of race, color, sex, religion, handicap, age, or national/ethnic origin.