

# OGLETHORPE UNIVERSITY

## APPLICATION FOR SPECIAL STATUS ADMISSION

THE FOLLOWING ITEMS ARE REQUIRED FOR ADMISSION:

1. Completed Application Form
2. \$40.00 non-refundable application fee
3. Proof of last educational experience—copy of diploma or official transcript

✕ Special Status is designed for students who are at least 25 years of age and at least five years away from their last educational experience OR who have graduated from another accredited university.

✕ Special Status applicants may enroll for a maximum of 16 semester hours. Students desiring to enroll for additional courses must apply as regular, degree-seeking candidates.

✕ Special Status students are not eligible for financial aid. Please contact the Office of Admission for current tuition and fees.

### APPLICANT INFORMATION

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(Last) (First) (Middle)

**Mailing Address:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_  
(City) (State) (Zip Code) **Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Gender:**  Male  Female

**Birth date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_

**Are you a US Citizen?:**  Yes  No **If not, of what country are you a citizen?** \_\_\_\_\_

**Ethnic Group (Optional)**

- Asian (including the Indian subcontinent)     
  American Indian or Alaskan Native     
  Black or African American  
 Hawaiian or other Pacific Islander     
  Hispanic or Latino     
  Caucasian  
 Other (please specify) \_\_\_\_\_

**\*In case of emergency please contact:** \_\_\_\_\_  
(Name) (Telephone) (Relationship)

### ACADEMIC INFORMATION

**Institution last attended:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Other Schools Attended:** \_\_\_\_\_

### OGLETHORPE PLANS

**Expected semester of entrance:**  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Day classes

**Please list the course(s) you wish to take:**  Evening classes

Course Number	Sec#	Course Title	Instructor	Time	Days

I certify that all the above information is correct to the best of my knowledge. Providing incomplete or inaccurate information may cause for immediate dismissal. If accepted as a student at Oglethorpe University, I agree that, during such time as I may be enrolled as a student, I will abide by all the rules, regulations, practices and policies of Oglethorpe University as they may be at the time of admission or as they may be changed during my continuance as a student.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office of Admission ✕ 4484 Peachtree Rd, NE ✕ Atlanta, GA 30319 ✕ O: 404-364-8307 ✕ F: 404-364-8491*

*Oglethorpe University makes no distinction in its admission or financial aid policies or procedures on the grounds of age, race, gender, religious beliefs, color, sexual orientation, national origin or physical disability.*