

Application

ADVANCE Program

Name: _____

Address: _____ Country: _____

Home Phone (____) _____ Work Phone (____) _____

Social Security Number: _____ Birthdate: _____

Employer: _____ Position/Title: _____

*List all colleges previously attended with attendance dates and credits earned:

All Colleges	Years Attended	Credits Earned	Degree Earned

Official transcripts must be on file in the ADVANCE Program office.

Preferred Enrollment Date: _____ Preferred Major: _____ BS/BAS

Hannibal-LaGrange College does not discriminate against applicants, students, or employees on the basis of race, creed, color, handicap, national origin, or sex. However, to comply with Federal Government regulations, we need to following information (please check the appropriate spaces):

Black Non-Hispanic American Indian or Alaskan Native Hispanic Asian or Pacific
 Islander White Non-Hispanic Non-resident Alien U.S.Citizen Other
 Male Female Single Married Separated Divorced Remarried

Have you been convicted of a felony? Yes No

Church Name and Address: _____

How did you hear about the ADVANCE Program? _____

I certify that the information given on this application is complete and correct to the best of my knowledge and that I have attended no institution other than those listed. I understand that I am responsible for arranging the forwarding of official transcripts of the records from schools I have attended and that such transcripts become the property of the College and will not be returned to me. I also understand that my acceptance to Hannibal-LaGrange College is subject to verification by official records sent directly from the institutions I have attended.

Signature: _____ Date: _____

Please send this completed form with a \$25 nonrefundable check to:

ADVANCE Program
 Hannibal-LaGrange College
 2800 Palmyra Road
 Hannibal, MO 63401
 573-221-3675, ext. 350