

**SUMMER SESSION GUEST STUDENT APPLICATION – ST OLAF COLLEGE
FOR NON-ST. OLAF STUDENTS**

This Guest Student admission form is for **Summer enrollment only**. Although there may be some exceptions for loans, Summer Guest Students are not eligible for financial aid. **Complete and return this form to:**

Registrar's Office, Attn: Summer Session, St. Olaf College, 1520 St. Olaf Avenue, Northfield, MN 55057

Complete Legal Name
Last _____ First _____ Middle _____
Social Security Number: ____ -- ____ -- ____ Birth Date: ____ / ____ / ____ Gender: M / F / O
Permanent Home Address: _____
Billing Address (if different from permanent): _____
Home Phone #: _____ Cell Phone #: _____
Email Address: _____
Emergency Contact Name & Number: _____ Relationship: _____
Religious Affiliation _____
If Lutheran, indicate one of the following, (1) ELCA (2) LC-MS (3) Wisconsin (4) Other Lutheran

Predominate Ethnic Background:
Each year we are required to report to the federal government and legitimate agencies the racial/ethnic identity of the student body –*We report statistically; we do not include names.*

Do you consider yourself to be Hispanic/Latino? ____ Yes ____ No

In addition, select one or more of the following racial categories to describe yourself:

____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Pacific Islander
____ White

Are you a citizen or national of the United States?
____ Yes
____ No, I am a citizen of _____

I am currently enrolled at: _____

Have you ever attended St. Olaf College? ____ Yes ____ No Name while attending _____ Year(s) _____

High school: _____ City/State: _____ Grad Year: _____

Courses I wish to take: _____

Applicant's signature _____ **Date** _____