



Legal name \_\_\_\_\_  
*Last First Middle Maiden*

Preferred name \_\_\_\_\_ Other name under which transcripts may be listed \_\_\_\_\_

Address \_\_\_\_\_  
*Street/ P.O. Box/ Apartment*

\_\_\_\_\_ *City State Zip County*

Email \_\_\_\_\_

Phone numbers- *Please do not list any numbers you do not wish us to call.*

Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ethnic Origin- *For statistical purposes only.*

African American

Asian/Pacific

Caucasian

Hispanic

Native American

Other \_\_\_\_\_

Birth Date \_\_\_\_\_

Gender  Male  Female

Religion/Denomination \_\_\_\_\_

I am a citizen of  United States (or)  Other \_\_\_\_\_  
*Please list country and type of Visa with expiration date.*

Hometown newspaper \_\_\_\_\_

Do you plan to apply for grants and/or loans through Financial Aid?  Yes  No

*If yes, please complete the Free Application for Federal Student Aid at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).*

Do you participate in a company tuition reimbursement plan?  Yes  No

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_ *City State Zip*

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address if different from yours \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

How did you hear about Midway Online College's degree completion programs? *Please check all that apply.*

Newspaper  Television  Radio  Other \_\_\_\_\_

**I am applying as a** *(Please choose only one.)*

- First-time student (I have no prior college credit and wish to pursue a degree at Midway.)
- Transfer student (I have some prior college credit and wish to pursue a degree at Midway.)
- Non-degree student (I am not pursuing a degree.)
- Visiting student (I plan to transfer Midway credits toward my degree at another institution.)
- Readmission student (I have attended Midway College previously.)

Last year and semester of attendance at Midway \_\_\_\_\_

Have you taken courses elsewhere since attending Midway?  Yes  No

- Graduate student (I have received a Bachelors degree from an accredited university.)

Year of high school graduation \_\_\_\_\_ High School \_\_\_\_\_  
(or) \_\_\_\_\_ *High school name* \_\_\_\_\_ *City, State* \_\_\_\_\_

Date GED was taken \_\_\_\_\_ Score \_\_\_\_\_

Tests taken:  ACT  SAT  CPP  Other \_\_\_\_\_ Scores \_\_\_\_\_

**Please list all colleges attended.**

*Name of institution* \_\_\_\_\_ *City/State* \_\_\_\_\_ *Dates attended* \_\_\_\_\_ *Degree/credit hours earned* \_\_\_\_\_

**Please designate your intended program of study.**

Bachelor Degree level:

- Business Administration
  - Concentrations:  Accounting
  - Entrepreneurship
  - Equine Business
  - Human Resource Management
  - Leadership
  - Marketing
  - None

- Health Care Administration
- Mining Management and Safety
- Psychology
- Public Safety Administration (Projected)
- Teacher Education

- Elementary Education
- Middle School Education
- Secondary Education
- Learning Behavior Disorders

Other \_\_\_\_\_

**Calendar year in which you plan to enroll** \_\_\_\_\_

**Please check the semester in which you plan to enroll.**

- Fall
- Spring

This application becomes part of your student records file and will be treated with appropriate confidentiality. The requested information is used to determine eligibility for admission; to evaluate academic history; to support financial aid requests; to conduct demographic research for program evaluation; to comply with state and federal reporting requirements; and for other uses as required by law or accreditation standards.

I hereby affirm that all information in this application is complete and accurate. I understand that withholding information or giving false information will result in my being ineligible for admission to Midway College and/or subject to dismissal after admission has been granted.

Signature \_\_\_\_\_

Date \_\_\_\_\_