

TO BE COMPLETED BY ALL APPLICANTS

List all secondary schools and colleges attended, beginning with the most recent, and include the date(s) of graduation or anticipated date of graduation.

School _____ City and State _____

Date of attendance: From _____ To _____ Date of graduation _____

School _____ City and State _____

Date of attendance: From _____ To _____ Date of graduation _____

School _____ City and State _____

Date of attendance: From _____ To _____ Date of graduation _____

I understand the conditions of my acceptance to Roanoke College as a special, non-degree-seeking student enrolling in Summer Session courses. I certify that the information furnished in this application is true and complete to the best of my knowledge. (Falsification of information on this application could jeopardize acceptance and enrollment.) I authorize any high schools and colleges I have previously attended to release personal and academic information to Roanoke College.

Applicant's Signature _____ Date _____

TRANSFER CREDIT AUTHORIZATION

Name _____ SSN _____

College/University _____

Address _____

Courses	Alternate Courses
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

The above student is eligible to return to our institution and enrollment in the above course(s) is approved.*

SIGNATURE OF AUTHORIZING COLLEGE/UNIVERSITY OFFICIAL DATE

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