LORAS COLLEGE
1450 Alta Vista Street, Dubuque, IA 52004-0178

Graduate Special Student Application for Credit in Extension

Personal Information

Name (please print): _____
last *first* *middle*

Address:

_____
street

_____
city *state* *zip*

E-mail Address: _____

Telephone: home(___)_____ work(___)_____ cell(____)_____

Date of Birth: _____ Social Security Number: _____
Month *day* *year*

Education Information

Institution	City, State	Dates Attended	Degree Received
Bachelors:			
Masters:			

Credit in Extension Enrollment Information

L.EDU 691 Leadership
(LeadAmerica/Mary Lynn Neuhaus) **3 credits**

_____
(Term) (Course Title) Credits

Dates and location when I was a team leaders_____
(Dates) (Location)

I certify that the statements made on this application and all related forms are correct and complete. I also understand that withholding information or giving false information may make me ineligible for admission or may later subject me to dismissal.

Applicant's Signature: _____ Date: _____

Fee Information

$125 per credit hour

Payment Method

___Check (payable to Loras College) ___VISA ___Mastercard ___Discover

If paying by credit card, please provide following information:
Account No._____
Card Code No. (This is the last three digits on back of credit card on signature line.) _____
Exp Date _____ Cardholder's signature_____

Mail to: Enrollment Management Office, Loras College, 1450 Alta Vista, Dubuque, IA 52001.

05/05cn