



SPECIAL STUDENT APPLICATION

One Willard Avenue
Houghton, NY 14744
800.777.2556
admission@houghton.edu

Name _____
Last First Middle

Present Address _____
Street Address City State Zip Code

Home Phone _____ Cell Phone _____

Birth Date _____ Social Security No. _____

Marital Status: Single Separated Divorced Married Maiden Name _____

Gender: Male Female E-mail Address _____ Church Affiliation _____

Country of Citizenship _____ Ethnicity (optional) Hispanic/Latino American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or other Pacific Islander White Two or more races

Do you want to take courses for: credit audit Will courses apply toward a second undergraduate degree? _____

Check one of the following that apply to you: Postgrad Senior Citizen Mayterm/Summer Session Student

Faculty/staff Dependent (please indicate whom you are a dependent of: _____

and his or her relationship to you: _____).

High School _____ Graduation Year _____
Name City State

College _____ Degree _____ Years Attended _____
_____ Degree _____ Years Attended _____

If you have previously attended Houghton, give month/year entered: Month _____ Year _____

Courses you wish to enroll in at Houghton (See college catalog and/or website for course information.)

Number	Name	Hours	Semester/Session
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Character References: Please provide the names of two individuals whom we may contact for references.

Pastor/Church worker Church Name Address Phone Number

Teacher or Employer Address Phone Number

If admitted, I agree to abide by the Community Covenant and other policies of Houghton College while attending.

Signature _____ Date _____

Please call or visit the Academic Records Office to enroll in these courses once you have received your acceptance letter.