Redlands

APPLICATION FOR PART-TIME/SPECIAL STATUS

OFFICE OF THE REGISTRAR

Admission with part-time/special status does not guarantee admission to a degree program at the University of Redlands

| Name | | | SS# |
|-------------------------|---|--|---|
| Last | First | MI | |
| Permanent Address | | | |
| - | Street Address/PO | Box | |
| | | | |
| | City, State, Zip | | |
| Phone Number (Day) | () | C | ell () |
| | | | |
| Birthday MM/DD/YY _ | | Ethnicity (ch | eck one) — Amer. Indian/Alaskan — Native |
| Sex (circle one) M | F | | Asian Black |
| Are you a U.S. citizer | n? (circle one) Yes | No | Hispanic White |
| Have you applied to the | ne University of Redla | ands before? (circle one) Ye | es No |
| If yes, for what semes | ster and year? | | |
| For which program? (cir | cle one) College of Arts School of Bus | s & Sciences Johnston Grac iness School of Education | duate School of Theology/ SFTS |
| For which degree pro | gram? (circle one) | Undergraduate Graduate | Doctoral Credential |
| - . | | gh school (including those in f this form if necessary. | other countries) whether or not a |
| School Name | Location | Dates Attended | Degree Earned |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Vhen do you wish to be | gin studies with the l | Jniversity of Redlands? M | onth/Year |

I verify that the information provided is true and complete to the best of my knowledge.



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Home of San Francisco Theological Seminary

Add/Drop, Audit, Pass/Fail

| Term: | | | | | |
|---|---|--|--|--|--|
| Add/drop deadlines vary per Academic Year. Ple | ase consult the Academic Calendar for specific dates. | | | | |
| Student's Name/ID: | Program: | | | | |
| | | | | | |
| 1. ADD course: | Course # and title | | | | |
| Yes No | | | | | |
| | Course # and title | | | | |
| 2. DROP course: Yes No | Course # and title | | | | |
| | | | | | |
| | | | | | |
| 3. CHANGE within current course # and title: | | | | | |
| | | | | | |
| Crade: Letter Crade Deco/Feil | A | | | | |
| Grade: Letter Grade Pass/Fail | Audit | | | | |
| Units: From To | | | | | |
| | | | | | |
| Student Signature | Date | | | | |
| | | | | | |
| - SIGNATURES & DATES (if required) - | | | | | |
| Faculty: | Advisor: NA | | | | |
| SFTS Dean: | Date: | | | | |
| or to bean | | | | | |
| Instructions to student: Please complete these forms and email them to | | | | | |
| sfts.dean@redlands.edu. Someone from the Dean's office will assist you in | | | | | |
| getting the appropriate faculty and administrative signatures. Thank you! | | | | | |

Should you have any questions or concerns with any of the above, you can also contact the Registrar's office:

Office of the Registrar 1200 East Colton Ave, Redlands, CA 92373 Administration Building, Suite 204A Phone: (909) 748-8019 Email: <u>registrar@redlands.edu</u>