DENISON UNIVERSITY
Application for Admission as a Community Scholar

Any Licking County resident over 30 years of age may become a Denison University Community Scholar. A Community Scholar may enroll in only one non-credit course per semester. There is no limit to the number of semesters for which a scholar may enroll. Registration will be on space-available basis.

Please complete this application and return it to the Office of the Registrar, Doane 205, Denison University. The tuition charge of $100.00, which is assessed for each term, should be enclosed with this application. Some courses may have an additional fee for laboratories, studio costs, and supplies provided by the department.

In the personal statement section at the end of the application, please summarize your background and educational experience, including the reasons why you wish to enroll for courses at Denison. (This is required only for first time Community Scholar applicants.)

Registration period lasts for one month – the two weeks preceding and following the first day of the term.

Intended Time of Entrance: ❑ August of 20_____ ❑ January of 20_____

Legal Name: _____
Last *First* *Middle*

Ethnicity: *(Optional Information)* ❑Asian ❑Black ❑Hispanic ❑White ❑Indian ❑African American ❑Native American ❑Other ❑Pacific Islander ❑West Indian ❑Multiracial

Social Security Number: _____ Date of Birth: _____/_____/_____ Sex: ❑ M ❑ F

Home Address: _____
Number/Street

_____ Phone Number: (____)_____
City *State* *Zip*

Desired Course: _____
Department *Course Number* *Section Number*

Title of Course: _____

Person/address to be notified in case of emergency: _____

_____ Phone No. _____

Personal Statement: Please summarize your reasons for wishing to attend courses at Denison University.

If I am accepted for admission to Denison University as a Community Scholar and elect to enroll, I agree to abide by the policies and regulations of the University, including those respecting the payment of bills.

Signature of Instructor: _____ Date: _____

Signature of Applicant: _____ Date: _____

Please return to: Denison University, Registrar's Office, Box B, Granville, OH 43023.

Revised 04/06/06