



LORAS COLLEGE™

Special Student or Summer Student Application

Personal Information

Prefix: Ms., Mrs., Mr. (Circle One)

Full name (please print): _____
Last First Middle (Maiden/Other)

Permanent Address: _____
Street City State Zip

Email Address: _____

Telephone: () _____ () _____ () _____
Home Cell Work

Date of Birth: _____ Social Security Number: _____

Enrollment Information

Entrance Term: 20_____ Spring _____ Summer _____ Fall _____

Please list all colleges, universities, and high schools you have attended, beginning with the most recent:

Institution	City, State	Dates Attended	Degree Received

Please state your reasons for applying as a Special Student: _____

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: _____

The requirements outlined in Loras College publications reflect the requirements for the current academic year only. Loras College reserves the right to change college requirements at any time without prior notice. Loras College admits students regardless of race, age, gender, religion, ethnic origin or physical disability.

Accepted by: _____ Date: _____
Loras College Registrar Staff Only

Loras College

REGISTRATION FORM

For the Office of the Registrar

Be advised that classes with low enrollment are subject to cancelation. Early registration is recommended.

Full name (please print): _____
Last
First
Middle (Maiden/Other)

Date of Birth: _____ Social Security Number: _____

Permanent Address: _____
Street
City
State
Zip

Summer Address: _____
Street
City
State
Zip

Telephone: (____) _____ (____) _____ (____) _____
Day
Evening
Summer

Email Address: _____

I am currently a: _____ First Year _____ Sophomore _____ Junior _____ Senior _____ Graduate _____ Other

I will live: _____ OFF CAMPUS _____ ON CAMPUS (Contact the Residence Life Office 563.588.7137 to reserve a room)

CLASS DATES	DEPT.	COURSE NUMBER	SECTION	TITLE	CREDIT

**PLEASE NOTE: You will only be registered for the requested courses upon your acceptance to attend Loras College as a special student.*

Registrant's Signature: _____ Date: _____



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Summer/Special Student Checklist

The following must be submitted to the Loras College Registrar Office prior to course registration.

1. Summer/Special Student Application
2. Nonrefundable \$25.00 application fee
3. Official transcript(s)
 - a. High school (if you are a high school student or have not attended college)
 - b. Transcript(s) from each college/university attended
4. Registration form

Please mail or fax all required information to:

Loras College
Office of the Registrar
1450 Alta Vista St.
Dubuque, IA 52001
Fax: 563.588.4962
Telephone: 563.588.7779
Email: registrar@loras.edu

Class Audit – Please contact the Loras College Registrar Office at registrar@loras.edu for details.