APPLICATION FOR UNCLASSIFIED  
(Non-Degree Seeking Students)

PERSONAL INFORMATION

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<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle Initial</th>
<th>Maiden name</th>
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Current Address                      City   State   Zip Code

Phone: (       ) __________________________    Social Security #: _____________________________

Date of Birth: _____________ Gender: O M O F  Marital status: O Single O Married O Divorced

O U.S. Citizen   O U.S. permanent resident   O Other: citizen of _________________________________

E-mail: __________________________________________

Race (for statistics only): Hispanic/Latino   O Yes   O No
In addition, check all ethnicity categories that apply:
  O American Indian or Alaska Native   O Asian     O Black or African American
  O Native Hawaiian or Other Pacific Islander    O White

Name of church you attend:___________________________  Denomination:___________________________

ENROLLMENT PLANS

Enrollment: O Full time  O Part-time      Term applying for: O Fall  O Spring    Year _________

Class(es) you would like to attend: _____________________________________________________________

COLLEGE(S) ATTENDED

Name of college: ___________________________ Dates: __________________________

Name of college: ___________________________ Dates: __________________________

Name of college: ___________________________ Dates: __________________________

Signature ___________________________________ Date _________________________

Send completed form to the following address:

Trinity Christian College  
Attn: Admissions Office  
6601 West College Drive  
Palos Heights, IL 60463