

Guest students may enroll in **up to three courses** not leading to a degree by showing evidence of their ability to profit from the course and accepting the ideals of the college. **Admission to a particular course will be based on space availability and permission of the Coordinator of the program/registrar. Application must be received three (3) weeks prior to start of course. Payment for the course must be received prior to start of course.**

Credits earned under the GUEST STUDENT classification have equal value with credits earned under other classifications, and letter grades will be recorded on a transcript. Mount Vernon Nazarene University is accredited by the North Central Association of Colleges and Schools. Guest Students must reapply to continue.

Please Print or type:

Campus (X): Mt Vernon: _____ Newark: _____ Mansfield: _____ New Albany: _____ Online: _____

Name: _____
Last First Middle (Maiden)

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Male _____ Female _____
Social Security Number Date of Birth

The information is not necessary for admission to MVNU, but is valuable for statistical purposes for local, federal, or state reports. Completion of this section is by choice.

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Hispanic or Latino: Yes _____ or No _____

Select one or more:

American Indian or Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian or other Pacific Islander _____ White _____ Nonresident Alien _____

Church Preference: _____
Denomination and Local Church Name

Present Occupation: _____

Have you attended MVNU previously? **Yes** _____ or **No** _____ If yes, approximate dates: _____

Have you earned a bachelor degree? **Yes** _____ or **No** _____

If yes: _____
Institution Degree Year

Course Requested: _____ Course #: _____ Group #: _____

Date Requested: _____

Statement of Intent

I wish to be a guest student in the Mount Vernon Nazarene University Graduate and Professional Studies program. I hereby certify that all information on this application is accurate and complete. I agree to adhere to the conduct norms of the campus community and all policies and regulations of Mount Vernon Nazarene University. (Additional Information can be found in the college catalog).

Student Signature _____ Date: _____ Program Coordinator/Registrar _____ Date _____

Mount Vernon Nazarene University admits students with handicaps and those of any sex, race, color, or national or ethnic origin.

Graduate and Professional Studies, Attn: Application Specialist
800 Martinsburg Rd, Mount Vernon, OH 43050
740-397-9000 ext.4736, fax: 740-422-1647
Or email as an attachment to: GPSApplications@mvnu.edu