



- Bachelor of Arts in Early Childhood (initial licensure)
- Bachelor of Arts in Elementary Education (initial licensure)

SS# _____ Date _____

Name _____
LAST FIRST M.I. MAIDEN (SURNAME)

Address _____
STREET AND NUMBER CITY COUNTY STATE ZIP

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-Mail _____@_____

D.O.B. ____/____/____ Are you a U.S. citizen? Yes No**
MM DD YYYY COUNTRY VISA TYPE, NUMBER

How did you hear about Eastern Nazarene College? _____

Desired program start date (month) _____ Preferred location (city) _____

Academic Information

Name of High School _____ Graduation Date _____ Diploma GED Year _____

Please list all colleges attended, including Eastern Nazarene College.
(List CLEP tests on a separate sheet of paper. Include date taken and score.)

Please request official transcripts from all colleges attended to be sent to Eastern Nazarene College, Adult and Graduate Studies Division.

COLLEGE NAME	DATES ATTENDED	ESTIMATED CREDITS

Did you receive a degree? Yes No If yes, degree received _____

Would you like to receive financial aid information? Yes No

Do you have military experience? Yes No

If yes, for evaluation of academic credit, and possible 10% tuition discount, please submit a copy of DD214 or DD295.

Do you speak, read, and write English as your primary language? Yes No

If no, a passing score in either the TOEFL exam or an ENC placement test must be submitted prior to evaluation.

**If you are not a U.S. citizen, send our office a copy of your visa or permanent residency status.

Employment History

CURRENT EMPLOYER _____ ADDRESS _____
 _____ Full Time Part Time _____
 POSITION _____ LENGTH OF EMPLOYMENT _____

PREVIOUS EMPLOYER _____ ADDRESS _____
 _____ Full Time Part Time _____
 POSITION _____ LENGTH OF EMPLOYMENT _____

PREVIOUS EMPLOYER _____ ADDRESS _____
 _____ Full Time Part Time _____
 POSITION _____ LENGTH OF EMPLOYMENT _____

Will your employer provide tuition reimbursement? Yes No If yes, percent _____

Federal and State agencies request that we supply demographic data on applicants for admission to Eastern Nazarene College. Please complete this section. If you choose not to answer any part of this section, it will in no way affect your admission to Eastern Nazarene College.

Birthplace _____

Gender Male Female

Marital Status Single Married Divorced Widowed

Ethnicity African American Caucasian Hispanic
 Native American Alaskan Native Asian/Pacific Islander

Religious Affiliation _____

Do you have Health Insurance? Yes No

If yes, name of carrier _____ Policy number _____
If no, you will be required to participate in the college program.

Signature

Your continuation in the program after the end of the second module will be contingent on our receipt of all official transcripts and your meeting minimum grade point requirements.

 Applicant's Signature Date

Send completed application to: Eastern Nazarene College, Adult and Graduate Studies Division, 180 Old Colony Avenue, Quincy, MA 02170 or Fax to 617-984-4901.

Eastern Nazarene College admits students of any race, color, gender, creed, ethnic or national origin, handicap, or age to all the rights, privileges, programs, or activities generally accorded or made available to students at the college. It does not discriminate on the basis of race, color, ethnic or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, and other school-administered programs. Eastern Nazarene College reserves the right to deny admission or re-admission to any applicant it views as inappropriate for its programs based on academic, financial, or behavioral considerations.