

**MIDLAND COLLEGE CHAPS CLASS ENROLLMENT
SPRING 2008**

Scharbauer Student Center on Midland College Campus

Please print in Black Ink

_____/_____/_____
Social Security No. Last Name First Name Initial

High School ID Number Complete Mailing Address

Contact Phone Number Cell Phone Number

For timely and accurate processing, insure that all required documents are on file with the Midland College Admissions Office.

Complete all sections below for each requested class:

Class Key	Department	Course No.	Section	Teacher	Time	Sem.Credit Hours
TOTAL SEMESTER CREDIT HOURS:						

I authorize Midland College to secure any transcripts needed to complete the Admissions process. In addition, I grant Midland College permission to send copies of my transcript to my high school and to release my grades and transcripts to my parents at their request.

Student Signature

Date