Mars Hill College
Commuter Student Information

For Office Use
Received _____
ID# _____
PO Box _____

_____ _____ _____ _____
Last Name (please print) First Name M.I. Preferred Name

_____ - _____ - _____ Gender: ☐ Female _____ / _____ / _____ Age _____
Social Security Number ☐ Male Date of Birth

_____ _____ _____ _____
Permanent Mailing Address City State Zip

Email Address: _____

_____
Home Phone #

_____
Cell Phone #

- Are you: ☐ First Time Student ☐ Transfer Student ☐ Returning Student
- Your class level when you come to Mars Hill: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
- Have you ever been convicted of a felony? ☐ Yes ☐ No If "yes" please explain on separate page.
- Do you have any illnesses or disabilities which require special consideration? ☐ Yes ☐ No
  If "yes" please explain on separate page and provide documentation.

Emergency Contacts:

1. Name:_____ Relationship: _____ Phone: _____
2. Name:_____ Relationship: _____ Phone: _____

Meal Plan: I would like: ☐ No Meal Plan ☐ 19 Meal Plan ☐ 10 Meal Plan
☐ 15 Meal Plan ☐ 7 Meal Plan

I plan to be a commuter (non-residential) student for the 2007-08 school year.

Signature of Student:_____ **Date**:_____
Signature of Parent/Guardian: (under 18)_____ **Date**:_____

$150 Commuter Deposit :

☐ **Enclosed check or money order**
☐ **I would like to charge my deposit to a credit card**
Name on Card: _____ ☐ **Visa** ☐ **Master Card**
Credit Card Number:_____ **Expiration Date:_____**
V-code: _____

Return completed form to: Office of Admissions, PO Box 370, Mars Hill, NC 28754