

Hyles-Anderson College

Application for Admission

Please attach
current photo
here.

Please send completed application to
Admissions, Hyles-Anderson College,
8400 Burr Street, Crown Point, Indiana 46307

Questions? Please contact us at
Phone: (219) 365-4031 or 1-888-Dr. Hyles
Website: www.hylesanderson.edu
Fax: (219) 365-2029
E-mail: admissions@hylesanderson.edu

Official Use Only

Date Rec'd _____

App. Fee Paid _____

Approved _____

General Information (Please complete all information legibly and clearly.) Date application submitted _____

Semester you plan to enroll: Fall Spring Summer of 20____ Year of high school graduation: _____

Full Name: Mr./Miss/Mrs. _____

(Circle one.)

(First)

(Middle)

(Last)

(Maiden Name)

Name usually called _____ E-mail address _____

Address _____

City _____ State _____ Zip _____ Country: U.S.A. Other _____

Phone (____) _____ Cell Phone (____) _____ Date of Birth _____ Age _____

Social Security Number _____ Gender: Male Female I am: Deaf Hearing

Have you ever applied to Hyles-Anderson College before? Yes No

Will you be living on campus? Yes No

Are you presently married? Yes No If yes, name of spouse _____

Father's Name and Address _____

Father's Phone (____) _____ Occupation _____ Work Phone (____) _____

Mother's Name and Address _____

Mother's Phone (____) _____ Occupation _____ Work Phone (____) _____

Name and address of church that you attend _____

Church Phone (____) _____

Name of Pastor _____ Pastor's Home Phone (____) _____

How long have you been saved? _____ How long have you been attending this church? _____

What practical Christian experience do you have? _____

Educational Information

Schooling received in preparation for a high school diploma or the equivalent (Complete all that apply.):

Traditional High School. Name and address of school _____

Phone (____) _____ Years attended: 9th 10th 11th 12th Date of Graduation _____

Home School. Who will issue your diploma? _____

Phone (____) _____ Years attended: 9th 10th 11th 12th Date of Graduation _____

G.E.D. When will/did you take the test? _____ State _____ Did you pass? Yes No

Please list any colleges or Bible institutes you have attended previously. (Use additional paper if necessary.)

Name of college	City/State	Dates attended	Degree obtained

Are you seeking admission to any other colleges? Yes No If so, to which? _____

Have you ever been denied admission to a high school or college level educational institution? Yes No

Were you ever expelled, dropped, or suspended by any school or college? Yes No

How did you first hear of Hyles-Anderson College? _____

What prompted you to apply to Hyles-Anderson College? _____

What major or program of study* do you intend to pursue? _____

*See our catalog or visit www.hylesanderson.edu for a list of programs offered. Some programs may require an additional application.

Are you applying for a student visa? Yes No

(Continued on the reverse)

