



Application for Admission Special Student

Nonrefundable Application fee: \$15

Office of Admissions • 1423 N. Jefferson Avenue • Springfield, MO 65802
417/269-3401 • coxcollege.edu

Date: _____

Student Profile

Legal Name: _____
Last First Middle

Address: _____
Street City State Zip Code

County: _____ Birthplace: _____

E-Mail: _____ Home Phone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Gender: Male
 Female
Month Day Year

Other Names Used (if applicable, this helps to located received transcripts): _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Applicant's Signature

The statements I have made in this application are correct to the best of my knowledge. I understand that any misrepresentation or omission of facts requested in this application is cause for disqualification for admission or for dismissal from Cox College. If admitted, I agree to conform to all rules and regulations of Cox College. I also agree to give Cox College permission to share criminal background and immunization records with clinical agencies.

Cox College does not discriminate on the basis of age, sex, color, disability, martial status, race, religion, ethnic or national origin. Any person having concerns with respect to rights; questions about reasonable accommodations; the existence and location of services, activities, and facilities that are accessible to and usable by persons with disabilities; or needs other information should contact the director of student services/section 504 coordinator, at Cox College, 1423 N. Jefferson Ave., Springfield, MO 65802; phone number 417-269-3598.

Signature Date

Date application received/by: _____ File reviewed by: _____

Payment type: cash check charge money order Date admitted: _____

Date application entered/by: _____