

**KAW NATION
EDUCATION DEPARTMENT
P.O. Box 50
KAW CITY, OK 74641**

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**RENEWAL APPLICATION FOR CONTINUING
GRADUATE STUDENTS FOR THE 2008 SPRING SEMESTER**

Applicants Name _____
(Last) (First) (M I.)

Address _____
(Street) (Town) (State) (Zip)

Social Security # _____

Telephone # _____

E-mail address _____

Marital Status Single _____ Married _____ Divorced _____ # in family _____

College Attending _____

Degree Expected _____

Major _____

Credit hours earned _____

Credit hours needed to graduate _____

**Please remember to mail your grades for the 2007 FALL semester and
class schedule for the 2008 SPRING semester with your renewal
application.**

**This information should be accurate. Please check with your advisor or
with student records.**