

LINCOLN UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDENT INFORMATION FORM

Student Information Form

Last Name: _____ First Name: _____

SSN#: _____ Date of Birth: _____

On campus Room Address: _____ SMR: _____

Non LU Email Address: _____ Cell# _____

Personal Physical address (Non Lincoln): _____

	Street	Apt#
City	State	Zip

FB _____ IG: _____

Major(s) _____ Minor _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Evacuation Plan:

In case the university closes unexpectedly it is important to have a plan of where and with whom you will reside.

Name: _____

Address: _____

City	State	Zip
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