



Guest Student Application

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|--|--|-------------------------|--|--|-----------|
| Name: | | Date of Birth: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address: | | City: | | State: | Zip Code: |
| Email: | | Phone: | | | |
| Place of Birth: | | Country of Citizenship: | | Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Native American <input type="checkbox"/> Other | | | | | |

Semester: ☐ Fall ☐ Spring ☐ Summer

Year: _____

| Course No. | Course Title | Prerequisite (y/n) | Credit(s) | Class Schedule |
|------------|--------------|--------------------|-----------|----------------|
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If the course you are requesting requires prerequisite approval, please fill out the bottom portion of this form and visit the department for prerequisite review.

- **Community College Courses:** Courses with Transfer equivalents require a printed copy of the equivalency screen attached to this form.
- **Courses at Other Colleges/Universities:** Bring this form and a course description to the academic department that offers similar courses. Course must be approved and given a Lincoln course equivalent by the department.

| College/University | Course Name | Course No. | Lincoln Equivalent | Approval Signature |
|--------------------|-------------|------------|--------------------|--------------------|
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1. What is the highest level of education you have completed?

- | | |
|--|--|
| <input type="checkbox"/> High School Diploma or Equivalent (e.g., GED) | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some College/University, No Degree | <input type="checkbox"/> Some Graduate coursework, No Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree or Higher |

a. If you have completed a degree, please provide the following details:

Institution Name: _____
Graduation Date: _____
Address: _____

b. If you have not completed a degree, please provide the highest level of education completed:

Institution Name: _____
Highest Level Completed (e.g. 60 undergraduate credits, 15 graduate credits, etc.): _____
Address: _____

2. Are you an employee or dependent of an employee at Lincoln University?

☐ Yes ☐ No

If yes, please list the employee name and department: _____

*Guest/Non-matriculating students are not taking courses to be admitted into a degree program at Lincoln University and are not eligible for Federal Financial Aid.

By signing this form, I certify that the information provided on this application is complete and accurate. I understand that my omission or misrepresentation of facts to the Office of the Registrar will automatically invalidate consideration of this application to Lincoln University. I further understand that upon enrollment, I am expected to become familiar with and abide by the student rules and regulations set forth in Lincoln University Student Handbook.

Signature: _____

Date: _____