



Guest Student Application

Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:	Zip Code:
Email:		Phone:	SSN:	
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

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

1. What is the highest level of education you have completed?

- High School Diploma or Equivalent (e.g., GED)
 Bachelor's Degree
 Some College/University, No Degree
 Some Graduate coursework, No Degree
 Associate's Degree
 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: _____