



Lincoln University

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Office of the Registrar

1570 Baltimore Pike
Lincoln University, PA 19352-0999

800-739-4461 phone
484-365-8116 fax
registrar@lincoln.edu

Guest Student Application (\$20.00 Processing Fee)

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

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. Did you graduate from an accredited high school? Yes No

a. If "Yes", provide the following:

High School Name: _____ Graduation Date: _____

Address: _____

b. If "No" and you did not graduate from high school but received your G.E.D provide the following:

High School Name: _____ Highest Grade Completed: _____

Address: _____

G.E.D Certification Date: _____

2. Are you an employee or dependent of an employee at Lincoln University? Yes No

If yes, please list the employee information: _____

*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: _____