LETU LeTourneau University

Application For Admissions

SPECIAL STUDENT

P.O. Box 7001
Longview, Texas 75607

903-233-4300 800-759-8811
FAX 903-233-4301

admissions@letu.edu
www.letu.edu

Personal Information

Name: _____ _____ _____ _____
First Name | Middle/Maiden Name | Last Name | Suffix

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Temporary Address: _____ City: _____ State: _____ Zip: _____

Use temporary address until: _____ Temporary Phone: _____

Social Security Number: _____ Date of Birth: _____

Check on of the following if appropriate: ❑ Faculty/Staff Spouse or Dependent ❑ Student Spouse ❑ Local Resident

❑ Faculty/Staff Department: _____ Have you secured your supervisor's permission to attend class? ❑ Yes ❑ No

Educational Information

Semester/year applying for: Fall 20____ Spring 20____ Summer 20____

Have you previously attended LeTourneau University? ❑ Yes ❑ No Years of attendance: _____

LeTourneau ID: _____ Do you have a high school diploma (or equivalent)? ❑ Yes ❑ No

Courses you plan to take: _____

_____

If you have attended any other colleges or universities, please list them, with dates of attendance: _____

_____

Special Student Statement

LeTourneau University is a Christian college with a distinct purpose. Admission to LeTourneau University is granted on a special student basis when a student is not pursuing a degree from LeTourneau and desires to enroll in a limited number of semester hours. Additional application information, when needed, may also be requested by the Office of Admissions.

Date: _____ Signature: _____

LeTourneau University admits students regardless of race, color, sex, and national or ethnic origin.

Special Students MUST re-apply each semester. Tuition balance due at registration.