



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

Mr.
 Mrs.
 Ms.

First Name Middle/Maiden Name Last Name Suffix

Address: _____ City: _____ State: _____

Zip: _____ Country: _____ Phone: _____

Email: _____

Citizenship: _____ 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 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.