



**LETOURNEAU
UNIVERSITY**

**Application
For Admission
FORMER 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

Home Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Temporary Address: _____ City: _____ State: _____ Zip: _____
 Use temporary address until: _____ Temporary Phone: _____

Social Security Number: _____ Date of Birth: _____

Educational Information

LeTourneau ID: _____ Semester applying for: Fall 20____ Spring 20____ Summer 20____

Previous Attendance at LeTourneau University from: _____ to _____

Housing: Residence Hall Married Student Housing Off-campus (see Student Handbook for eligibility)

Intended Major: _____

If you have attended any other colleges or universities since leaving LeTourneau, list them below and request that an official transcript be sent from each: _____

Was prior approval for courses taken elsewhere granted from the LeTourneau University Registrar? Yes No

Personal Statement

Please provide us with your reason(s) for wanting to return to LeTourneau University to complete your degree. (Use additional paper if necessary.) _____

Describe briefly your current relationship to Jesus Christ: _____

Your church or denominational preference: _____

Date: _____ Signature: _____

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