

- Spring \_\_\_\_\_
- Summer \_\_\_\_\_
- Fall \_\_\_\_\_

# LENOIR-RHYNE UNIVERSITY

## SPECIAL STUDENT APPLICATION

- Visiting Student   
  Enrichment   
  Licensure   
  Certificate (HAC, PAC)   
  Non-Degree  
*This application must be completed and accompanied by a \$35 application fee before registration*

Last Name	First Name	Middle
Home Address		City, State, Zip
-      -	<input type="checkbox"/> Male <input type="checkbox"/> Female	/      /
Social Security Number		Date of Birth
(      )		Email Address
Phone Number		

**The following is for statistical information:**

- **Marital Status:**    Single    Married    Widowed    Divorced    Other
- **Race:**    Caucasian    African-American    Hispanic    Native American    Asian    Other \_\_\_\_\_
- **Are you a US Citizen?**    Yes    No    If no, what country are you a citizen? \_\_\_\_\_  
     If no, are you a legal resident?    Yes    No    Resident#: \_\_\_\_\_    Visa: \_\_\_\_\_    Exp date: \_\_\_\_\_
- **Are you a North Carolina Resident?**    Yes    No    If yes, how long \_\_\_\_\_    County: \_\_\_\_\_
- **If you are a church member, please give denomination, church, and pastor's name:**  
 \_\_\_\_\_  
 \_\_\_\_\_
- **If Lutheran:**    ECLA    LCMS    Wisconsin    Other \_\_\_\_\_

**Academic Plan:**

- **Are you currently enrolled as a student at another institution**    No    Yes  
     **If yes, where:** \_\_\_\_\_
- **Have you applied for admission into a degree-seeking program at Lenoir-Rhyne?**  
      No-I do not plan to apply for admission into a degree seeking program.  
      Yes-I submitted my application in (Month/Year) \_\_\_\_\_/\_\_\_\_\_ (see below)
- **What courses are you planning on registering for at Lenoir-Rhyne?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that all the information given on this application is complete and accurate. I understand that any misrepresentation of the facts on the application may be cause for refusal of admission, cancellation of admission, or suspension from the university. I am voluntarily providing my social security number for official use only. If admitted to Lenoir-Rhyne: I understand that I may register for classes only on specific days and will contact the Registrar's Office for those days. I realize that any courses I take as a "Non-Degree Seeking" student may not be accepted for future credit in a Lenoir-Rhyne degree seeking program. I agree to abide by the established regulations as contained in the General Catalog. I agree to accept the obligation imposed upon me by the Honor Code.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LENOIR-RHYNE UNIVERSITY ADMITS QUALIFIED STUDENTS IN ALL PROGRAMS REGARDLESS OF RACE, CREED, HANDICAP OR GENDER

**Please submit completed application to:**

**Division of Enrollment Management**  
**LR PO Box 7227**  
**Hickory, NC 28603**  
**828-328-7300 · Fax: 828-328-7378**