Social Security Number

LINDENWOOD
LINDENWOOD UNIVERSITY ST. CHARLES, MISSOURI

Enrollment Form

209 'South Kingshighway St. Charles, MO 63301
(636) 949-4954

Today's Date _____

This enrollment is for:

Year	❒ Fall	❒ Semester
	❒ Winter	❒ Quarter
	❒ Spring	❒ Trimester
	❒ Summer	❒ Other

Email _____

Have you changed your Name ❒ Address ❒ Telephone Number ❒ Email Address ❒

Name Last	First	MI	Maiden	Degree (BA, MBA, etc.)
Mailing Address	City	State	Zip	Program of Study/Major
Campus or Home Phone	Work Phone	Campus Box	Name of Advisor	
Place of Employment	Birth date	❒ Male ❒ Female	Are you receiving VA Benefits? ❒ Yes ❒ No Are you receiving Financial Aid? ❒ Yes ❒ No	

Check one:

❒ New Student (first time enrolling at LU)
❒ Continuing Lindenwood student (returning form preceding term)
❒ Readmint (attedned LU before last term)

Ethnic Groug (for institutional data reporting purposes)

❒ A. Bsian or Pacific Islander
❒ B. Black, Non-Hispanic
❒ H. Hispanic
❒ I. American Indian or Native American
❒ W. White, Non-Hispanic
❒ O. Non-residentAlien or Other

Student Type

Please check one box as applies to this term only.

❒ 1. Full-time day student (live on campus)
❒ 2. Full-time day student (live off campus)
❒ 3. Part-time day student ❒ resident ❒ commuter
❒ 4. Evening student – undergraduate
❒ 5. LCIE undergraduate student
❒ 6. LCIE graduate student
❒ 7. Trimester Graduate Student
❒ 8. MBA or MSA student
❒ 9. Graduate student (MA/MFA)
❒ 10. Undergraduate student - other

Dept.	Course No.	Sect.	Title	Credit	Meeting Days	Meeting Times	Instructor	Room	Fees, Lab, ect.

• Do you have any disabilities you wish to have taken onto consideration regarding classroom accommodation? If ye, please contact the Coordinator of Campus Accessibilities Services at (636) 949-4784.
• I promise to pay using the following methods? (check all that apply) ___cash, check or credit card ___ payment note ___financial and (if eligible). If suit or collection action is necessary to enforce payment I promise to pay the cost of collection, including are reasonable attorney fees and interest from the date of default.
• I authorize Lindenwood University to hold a credit balance on my account for allowable educationally related charges incurred within the current academic year. I understand that I may submit written notification to rescind the authorization at any time.

Student Signature _____ Date _____ Total _____ Advisor Signature _____

Please Keep Your Copy of This Form

Note: Changes to this schedule and withdrawals form LU must completed on the official form in the Registrar's Office. The refund policy is published in the current schedule of classes.

For Office Use Only

Revised: 9/04
LU04-130 Form #1

White Copy-Registrar; Yellow Copy-Business Office; Pink Copy-Student; Goldenrod-Advisor