

LINDENWOOD

APPLICATION to Early Access Graduate Program

Name:

Last First MI

Home address:

Street City State Zip

LU email address: _____ @lindenwood.edu

Student ID: _____ **Phone:** _____

Cell Home/Other

Graduate Course(s) You Plan on Taking _____

WHEN DO YOU PLAN TO BEGIN the Early Access Graduate Program?

Fall _____ Year Spring _____ Year

DEGREE CURRENTLY BEING PURSUED

Degree Major Anticipated graduation date

Current GPA Current hours completed Current advisor

WHY DO YOU WANT TO ENTER THE EARLY ACCESS PROGRAM

In the event of enrollment I agree that I will be subject to all the school, financial, and academic rules and regulations of Lindenwood University. I further understand that I cannot exceed the nine graduate credit hours that can only be taken during the fall and spring semesters. I certify that the above information is correct.

Applicant's signature Date

**PLEASE RETURN FORM TO: Matthew Kertzman, Roemer Hall 113,
mkertzman@lindenwood.edu**

Early Access Signature Sheet

Please review the attached Early Access Application Form and transcript. If you have any questions and/or concerns, please contact Matthew Kertzman at ext. 4611 or email mkertzman@lindenwood.edu. If you approve of the Early Access request, please sign below and return the signature form to Matthew Kertzman.

Thank you!

Advisor

Date

Associate Dean

Date

Dean

Date

