



**DUAL CREDIT / DUAL ENROLLMENT
UNDERGRADUATE ADMISSION APPLICATION**

Division of Educational Innovation & Extended Studies
18 Martin Luther King Hall
812 E. Dunklin St.
Jefferson City, MO 65101

Please print legibly

TERM YOU PLAN TO ENTER: Fall (20____) Spring (20____)

Name _____
(full legal name)

Home Address _____
(Number) (Street) (Post Office Box)

City _____ State _____ Zip Code _____ County _____

Phone Number (_____) _____ Email address _____

Social Security Number: _____ - _____ - _____

In order for the Division of Educational Innovation and Extended Studies to process your application, you must fill in the above area with your correct Social Security number. (This does not apply to international students who do not have a social security number.)

PERSONAL DATA:

Date of Birth ____/____/____ Gender: Female Male
mm / dd / yyyy

Are you a U.S. Citizen? Yes No If no, are you a permanent resident? Yes No
If you are a permanent resident, you must attach a copy of your Permanent Resident Card
If you are not a permanent resident, you must complete the International Application for Admission


ETHNIC BACKGROUND:

Are you of Hispanic/Latino/Spanish origin? Yes No

Select one or more races from the following five racial groups.

- Black or African American
- Asian
- American Indian or Alaskan Native
- White
- Native Hawaiian or Other Pacific Islander

ACADEMIC DATA:

Must have high school graduation date to register for dual credit 

High School Name _____ Projected Graduation Date ____/____/____
Month/Year

Year in high school: Freshman Sophomore Junior Senior

Address _____ Phone Number (____) _____

City _____ State _____ Zip Code _____ County _____

-TURN PAGE OVER-

For office use only: Date: ____/____/____
LU ID# _____

PARENT INFORMATION:

Mother's Name _____ Daytime Phone Number (_____) _____

Home Address _____
(Number) (Street) (Apartment #)

City _____ State ____ Zip Code _____ County _____ Country _____

Email address _____

Father's Name _____ Daytime Phone Number (_____) _____

Home Address _____
(Number) (Street) (Apartment #)

City _____ State ____ Zip Code _____ County _____ Country _____

Email address _____

STUDENT AUTHORIZATION (*FERPA law requires this authorization in order for parents to inquire about their child's student account and records.*)

I, _____, give Lincoln University of Missouri permission to disclose information about my student account and records to (parent/s name) _____
_____. I understand that this release will be effective until I revoke it in writing.

Student Signature (*Required*)

Date

PARENT ACKNOWLEDGEMENT:

I agree to allow my child, _____, to register for dual credit courses offered through Lincoln University. I understand that if my child drops a dual credit course, a refund of tuition paid may be issued as per the published refund schedule. Along with this registration, I give permission to my child to use Lincoln University's Page Library resources and Internet and accept responsibility for monitoring my child's use of the Internet, chat, email, and game sites. My child will comply with the library rules as stated on their website at <https://www.lincolnu.edu/web/library/general-rules-for-library-patrons>.

Parent Signature (*Required*)

Date