THIS SECTION FOR LINCOLN UNIVERSITY USE ONLY			
Date :	By:		
AFR No. :	TDR No. :		

Lincoln University

401 15th Street, Oakland CA 94612 Tel. (510) 628-8010 Fax. (510) 628-8012 E-mail: admissions@lincolnuca.edu Web Site: http://www.lincolnuca.edu Attach a recent, passport-size photograph of yourself here. Write your name on the back

COLLEGE OF UNDERGRADUATE, GRADUATE STUDIES & PROFESSIONAL STUDIES

	APPLICATION	N FOR ADMISSION TO S	TUDY		
*STATUS (Check One):	[] International Student SEVIS ID# Transfer From	[] Cross Enrolled [] United States Citizen	U.S. Permanent Ro	esident	
*NAME: Mr.[]Mrs.[]Ms.	Last / Family Name	First / G			
*CURRENT MAILING ADDRESS	Last / Family Name	First / G	iven	Middle	
IN U.S. OR ABROAD:	C/O		FAX:()		
	Number	Street Apt.		t. No.	
	City	State	Country	Postal / Zip Code	
*BIRTH DATE:	*BI	RTH PLACE:			
Month	Day Year		Country		
FATHER (or GUARDIAN)):				
	Name		Address		
MOTHER:					
	Name		Address		
SPOUSE:					
	Name		Address		
THIS SECTION IS TO B	E FILLED OUT BY INTERNA	ATIONAL STUDENT APPLIC	ANTS ONLY		
*Permanent Address in H	Iome Country:				
Number	Street		Apt. No.		
City	State Country	Postal / Zip Code	Country of Ci	tizenship	
TEL:()	FAX:()	E-MAIL	÷		

^{*}Required field

[] GRADUATE PROGR Master of Business A	RAM [Administration (MBA)	[]	UNDERGRADUATE PROGRAM Bachelor of Arts (BA)					
() General Bus () Human Reso	Business nagement and Investment Banking	()	Business Administration Major (BA) Concentrations: () International Business () Economics () Management () Small Business Enterprise () Management Information Systems					
() Diagnostic Imaging M Concentrations:	onography (GU) raphy (Echo) OGRAM chnician (UT)		Minor: () () () () ()	Business ar Computer S Humanities Mathematic English				
*STUDIES TO BEGIN IN TI	HE FOLLOWING SEMESTER:							
[] FALL (August) 20 [] SPRING (January) 20 [] SUMMER (June) 20 PLEASE LIST BELOW ALL HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES THAT YOU HAVE ATTENDED AND DIPLOMAS OR DEGREES EARNED, INCLUDING MONTH AND YEAR AWARDED, BOTH IN THE UNITED STATES AND ABROAD:								
Name of School	Location of School		From	То	Diploma / De	gree	Month / Year	
I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED ON THIS APPLICATION FORM IS, TO THE BEST OF MY KNOWEDGE, COMPLETE AND CORRECT. IF ACCEPTED, I WILL FOLLOW RULES, REGULATIONS AND GUIDELINES SET FORTH BY LINCOLN UNIVERSITY AND, AS AN INTERNATIONAL STUDENT, THE UNITED STATES BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES.								
Signature:				Date:				
and activities, which are non-se Pursuant to Lincoln U L.92-318, and other Civil Righ	es no quotas to select its student be ectarian and non-discriminatory. Lin University's tradition and to the injusts Legislation, Lincoln University origin in reference to its education	ncoln U unction does no	Jniversity of Title ot discrim	is a private, IX, Part 86 ninate on the	non-profit instituti of the Education A basis of sex, race,	on of hig Amendme , creed, c	ther learning. ents of 1972, Publ. olor, religion, age,	
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This application has been:	[] Accepted			[] D	enied			
on a(n)	[] Regular [] Unclassified				robational rovisional			
basis as a(n)	[] Undergraduate [] IEP				re-Graduate pecial	[]	Graduate	
with the following conditions a	nd/ or remarks:							
	Approved by:				Date:			

Pub: 02/17/2009

*INTENDED COURSE OF STUDY: