

STUDENT APPLICATION FORM 2018 LAMAR UNIVERSITY

APPLICATION DEADLINE IS APRIL 30, 2018 5:00 PM CST

Student Information

Please print in blue or black ink or type. Please provide all requested information.

| Name of Student: | | |
|------------------------------|-------------------------------------|---------------------|
| Home Address: | | |
| City | State | Zip Code |
| Ethnicity: | Date of Birth (month/date/year): | |
| Student Email Address: | | |
| Student Cell Phone No.: | | |
| Gender: Female | Male: | Adult T-shirt Size: |
| Name of School student is cu | urrently attending: | |
| ID# | | |
| Name of School student will | attend in 2018-2019 | |
| Current Grade level | School District: | |
| Name of Courses Taken dur | ing the 2017-2018 academic y | rear: |
| Mathematics: | Science: | |



| Name of Student: | | |
|---|--|--|
| School: | Current Grade level: | |
| Parent/Leg | gal Guardian Information | |
| Instructions: Please complete the following or legal guardian, both if available. | ng information for at least one custodial parent | |
| Name of Parent or Legal Guardian: | | |
| Employer: | | |
| | | |
| Daytime Phone No.: | Home Phone No.: | |
| Cell Phone No.: | | |
| E-mail Address: | | |
| Signature of Parent or Legal Guardian | Date | |
| Name of Parent or Legal Guardian: | | |
| Employer: | | |
| Occupation: | | |
| Daytime Phone No.: | Home Phone No.: | |
| Cell Phone No.: | | |
| E-mail Address: | | |
| Signature of Parent or Guardian | Date | |