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 currently attending: ___________________________________

ID # __________

Name of School student will attend in 2018-2019 ________________________________

Current Grade level _________ School District: _________________________________

Name of Courses Taken during the 2017-2018 academic year:

Mathematics: __________________________ Science: _____________________________
Name of Student: __________________________________________

School: ___________________________ Current Grade level: _________

Parent/Legal Guardian Information

Instructions: Please complete the following information for at least one custodial parent or legal guardian, both if available.

Name of Parent or Legal Guardian: ________________________________

Employer: ____________________________________________________

Occupation: __________________________________________________

Daytime Phone No.: _______________ Home Phone No.: _______________

Cell Phone No.: __________________________

E-mail Address: ______________________________________________

_________________________________________ Date

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian: ________________________________

Employer: ____________________________________________________

Occupation: __________________________________________________

Daytime Phone No.: _______________ Home Phone No.: _______________

Cell Phone No.: __________________________

E-mail Address: ______________________________________________

_________________________________________ Date

Signature of Parent or Guardian