

THIS SECTION FOR LINCOLN UNIVERSITY USE ONLY

Date : _____ By : _____

AFR No. : _____ TDR No. : _____

**Attach a recent,
passport-size
photograph of
yourself here.
Write your name
on the back**

Lincoln University

401 15th Street, Oakland CA 94612
Tel: (510) 628-8010, Toll Free: (888) 810-9998
Fax: (510) 628-8012
E-mail: admissions@lincolnuca.edu
Website: http://www.lincolnuca.edu

APPLICATION FOR ADMISSION

*STATUS (Check One): International Student Cross Enrolled U.S. Permanent Resident
SEVIS ID# _____ United States Citizen Alien Reg. No: _____
Transfer From _____ Social Security No. _____

*NAME: Mr. Ms. _____
Last / Family Name First / Given Middle

*CURRENT MAILING ADDRESS IN U.S. OR ABROAD: _____
C/O TEL: () FAX: ()
E-MAIL: _____

Number Street Apt. No.
City State Country Postal / Zip Code

*BIRTH DATE: _____ *BIRTH PLACE: _____
Month Day Year Country

FATHER (or GUARDIAN): _____
Name Address

MOTHER: _____
Name Address

SPOUSE: _____
Name Address

THIS SECTION IS TO BE FILLED OUT BY INTERNATIONAL STUDENT APPLICANTS ONLY.

***Permanent Address in Home Country:**

Number Street Apt. No.
City State Country Postal / Zip Code Country of Citizenship

TEL: () FAX: () E-MAIL: _____

*Required field

***INTENDED PROGRAM OF STUDY:**

GRADUATE PROGRAM

Doctor of Business Administration (DBA)

Concentration:

- Finance and Investments
- Human Resource Management

Master of Business Administration (MBA)

Concentration:

- International Business
- Finance Management and Investment Banking
- General Business
- Human Resource Management
- Management Information Systems

UNDERGRADUATE PROGRAM

Bachelor of Arts (BA) in Business Administration

Concentration:

- International Business
- Economics
- Management
- Small Business Enterprise
- Management Information Systems

Minor:

- Humanities
- English
- Computer Science
- Mathematics
- Business and Psychology

Associate of Science (AS) in Diagnostic Imaging

Concentration:

- Diagnostic Sonography
- Echocardiography (ECG)

CERTIFICATE PROGRAM

- Ultrasound Technician (UT)
- Medical Assisting (MA)
- Intensive English Program (IEP)

***STUDIES TO BEGIN IN THE 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	To	Diploma / Degree	Month / Year

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED ON THIS APPLICATION FORM IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND CORRECT. IF ACCEPTED, I WILL FOLLOW RULES, REGULATIONS AND GUIDELINES SET FORTH BY LINCOLN UNIVERSITY AND, AS AN INTERNATIONAL STUDENT, BY THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY.

Signature: _____ Date: _____

Lincoln University uses no quotas to select its student body; merit is the sole determiner for admission to its educational programs and activities, which are non-sectarian and non-discriminatory. Lincoln University is a private, non-profit institution of higher learning.

Pursuant to Lincoln University's tradition and to the injunction of Title IX, Part 86 of the Education Amendments of 1972, Publ. L.92-318, and other Civil Rights Legislation, Lincoln University does not discriminate on the basis of sex, race, creed, color, religion, age, handicap or national and ethnic origin in reference to its education programs and activities, employment therein, and admission thereto.

THIS SECTION IS FOR THE UNIVERSITY'S USE ONLY.

This application has been:

- Accepted as**
- Regular Graduate
- Conditional Graduate
- Temporary (Provisional) Graduate
- Unclassified Auditor
- Denied
- Regular Undergraduate
- Conditional Undergraduate
- Temporary (Provisional) Undergraduate
- IEP Only

with the following conditions and/or remarks: _____

Approved by: _____ Date: _____