FOR ENCORE OFFICE USE

New ☐ Returning ☐

Student #: _____

Term: _____

ENCORE PROGRAM APPLICATION

Date ____/____/____

Legal Name: _____
First M. Last

Preferred Name: _____
First M. Last

Address: _____
Street City ST Zip Code

Home Phone: ( ) _____ Cell Phone: ( ) _____

Date of Birth: _____ SSN: _____

E-mail Address: _____

Are you a Lee University Alumnus/Alumna? ☐ Yes ☐ No

COURSE REGISTRATION – SUBJECT TO AVAILABILITY

Course Title	Section	Day	Time	Location
1.				
2.				
Alternate Choice:				

PROGRAM FEE – $25.00 (non-refundable)

*TRADITIONAL COURSES

Lab, course, or book fees may be applicable and will vary based upon class selection. Students are financially responsible for any fees associated with a traditional course.

☐ I give my permission to Lee University to use photographs, audio and video recording images of me, without compensation, for promotional activities. I further agree to hold Lee University free and harmless from all claims arising from the use of said photographs, audio and video recorded images when used within the scope described.

I prefer to pay by: ☐ Cash ☐ Check* ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

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Card Number Expiration Date Security Code

_____ _____
Printed Name Signature

MAIL: Encore Program Office
Lee University
P.O. Box 3450
Cleveland, TN 37320-3450

Phone: (423) 614-8310
E-mail: communityrelations@leeuniversity.edu
Office: Higginbotham Administration Building #211

*Please make checks payable to Lee University.