



**LEE**  
UNIVERSITY

**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

Card Number Expiration Date Security Code

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

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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.