



LEE UNIVERSITY

FOR ENCORE OFFICE USE	
New <input type="checkbox"/>	Returning <input type="checkbox"/>
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

Please make checks payable to Lee University. All credit and debit card transactions will be assessed a service fee of 2.65%

Card Number Expiration Date Security Code

Printed Name

Signature

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