LEE UNIVERSITY

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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:				

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

Phone: (423) 614-8598
E-mail: communityrelations@leeuniversity.edu
Office: Higginbotham Administration Building #214

*Please make checks payable to Lee University.