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: _____

Have you attended Lee University prior to enrolling in Encore? ☐ Yes ☐ No

## COURSE REGISTRATION – *SUBJECT TO AVAILABILITY*

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

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## PROGRAM FEE – $25.00

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

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Card Number Expiration Date Security Code

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Printed Name Signature

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

Phone: (423) 614-8598
E-mail: bmccoy@leeuniversity.edu
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*Please make checks payable to Lee University.