

**Lubbock Christian University
Graduate Registration Form**

Student ID: _____

First Name: _____ Year Enrolling: _____
Middle Name: _____ Term Enrolling: _____
Last Name: _____ SSN: _____
Maiden Name: _____

Address While at LCU:

Billing Address:

Street: _____ Street: _____
Apt: _____ Apt: _____
City: _____ City: _____
State: _____ State: _____
Zip Code: _____ Zip Code: _____
Cell Phone: _____ Cell Phone: _____
Day Phone: _____ Day Phone: _____
Evening Phone: _____ Evening Phone: _____
Email Address: _____ Email Address: _____

Emergency Contact - Who you want notified in case of a medical emergency or you are missing:

Name: _____
Relationship: _____
Phone Number: _____

In the event of a campus emergency, the university will send students, faculty, and staff an e-mail to the individual's LCU email account, a phone call, and a text message with vital information. Please provide a phone number we can use to notify you.

Phone: _____

Date of Birth: _____

Gender: Female Male

Enrollment Status: Beginning Continuing ReAdmit Transfer

What month and year do you plan to complete your academic objectives at LCU? _____

What is your major? _____

Are you or will you be receiving Veterans Benefits? Yes No

What is your marital status? Divorced Married Separated Single

If you are a Texas resident, what county are you from? _____

What is your church preference? _____

Are you an international student (attending on F-1 visa)? Yes No If yes, skip the remaining questions.

Are you Hispanic or Latino? Yes No

If no, please check your ethnicity or ethnicities from the list below.

American Indian or Alaskan Black or African American White, Middle Eastern, or North African
 Asian Native Hawaiian or Pacific

Gender, ethnicity, age, and religious preference are used for reporting purposes only.

Submit by Email