

Indicate semester/year applying for:
 Fall (YYYY) _____
 Spring (YYYY) _____
 Summer I (YYYY) _____
 Summer II (YYYY) _____

LAMAR UNIVERSITY
 A Member of The Texas State University System
\$25 Application Fee
Post Baccalaureate (PB), Non Degree Seeking

Return this form to:
Graduate Admissions
P.O. Box 10078
Beaumont, TX 77710
 Email: gradmissions@lamar.edu

Web site: www.lamar.edu
Phone: (409) 880-8356
Fax (409) 880-8414

Date of Application: _____
SSN or LU ID #: _____

Birth Date: _____ Birth City, State: _____
 Male Female Veteran
 Name: _____
 Last Name **First Name** **Middle**

Please list other name(s) which may appear on documents being submitted: _____
 Have you ever enrolled at LU? _____ When? _____ Different Name? _____

Current Address:
 Street and Number City City State Zip
 _____ () _____ () _____
 County Home Phone Work Phone
Email address: _____ **Fax Number:** () _____

Ethnic Origin: Check the block that best Describes your predominant ethnic background.

White
 Black (Non-Hispanic)
 Hispanic
 Asian or Pacific Islands
 American Indian
 Other (Specify) _____

Incomplete or inaccurate information may be grounds for denial of admission

All students must provide documentation to affirm residence for tuition purposes and sign an oath of residency. If you have attended school or resided outside of Texas, proof of residence in addition to that presented below may be required. *Military personnel/dependents must submit proof of military assignment in Texas at each enrollment. Non-U.S. citizens must provide proof of immigration status.*

Are you a U. S. citizen? Yes No
 If not, are you a permanent resident? Yes No
 If permanent resident, effective date: _____ Alien Registration # _____
 Have you resided in the State of Texas (other than as a college student) for the past 12 months? Yes No
 How long have you resided in Texas? _____ years and _____ months
 Upon whom do you base your claim for residency? Self Parent Legal Guardian
 If claim of residency is based on person other than yourself, name & address of person upon whom claim is based:

 Are you active duty military based in TX or a dependent of active duty military based in TX?
 Person on active duty: Self Parent Legal Guardian

EDUCATION HISTORY: List only that college or university where bachelors degree was earned **even if earned at Lamar University**. If master's degree was earned, please give information pertaining to that degree instead. Official transcript sent directly from the institution where highest degree was earned must be submitted.

| Name of Institution: Transcript must be submitted directly from institution where highest degree was earned, except LU | Location (City, State or Country) | Dates Enrolled | Major/Minor Program of Study | Degree and Date Received or Expected |
|--|-----------------------------------|----------------|------------------------------|--------------------------------------|
| | | | | |
| | | | | |

Deadline for receipt of registration materials: Thirty (30) days prior to first class day of entry semester.

Requested Program of PB Study:

- Teaching Certification (Please Specify)** _____
- Not seeking teaching certification**
- Pre-professional programs (please specify)** _____



Request Program of NON-DEGREE Study (select from list below). Post Baccalaureate status does not lead to a graduate degree

College of Education

- ____ Counseling & Development
- ____ Educational Administration
- ____ Elementary Education
- ____ Family and Consumer Science
- ____ Kinesiology
- ____ Secondary Education
- ____ Special Education
- ____ Supervision

College of Arts and Science

- ____ Biology
- ____ Chemistry
- ____ Computer Science
- ____ English
- ____ History
- ____ Psychology
- ____ Public Administration
- ____ *Pre-Professional Programs (pre-law, pre-medical, etc.)*

College of Business*

- ____ Business Administration
- *May take undergraduate level classes only*
- ____ **ERPC - ENTERPRISE RESOURCE PLANNING CERTIFICATION**
(online certification program)

Post Master's Certification

- ____ Counseling and Development
- ____ Educational Development
- ____ Information Process Tech
- ____ Information Process Tech**
***no masters*
- ____ Licensed Professional Counselor's Certification (LPC)
- ____ Principal Certificate
- ____ Mid-Management
- ____ Superintendent Certificate
- ____ Superintendent Academy
- ____ Supervision

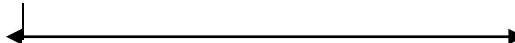
With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

College of Fine Arts and Communication

- ____ Audiology
- ____ Deaf Education
- ____ Music
- ____ Music Education
- ____ Speech-Language Pathology
- ____ Theater
- ____ Visual Arts

College of Engineering

- ____ Chemical Engineering
- ____ Civil Engineering
- ____ Electrical Engineering
- ____ Engineering Management
- ____ Environmental Engineering
- ____ Environmental Studies
- ____ Industrial Engineering
- ____ Mathematics
- ____ Mechanical Engineering



(Updated: 7/31/2009)

Note: A student who fails to make full payment of tuition and fees, including any incidental fees, by the due date may be prohibited from registering for classes until full payment is made. A student who fails to make payment prior to the end of the semester may be denied credit for the work done that semester.



Veterans and their dependents who are interested in attending Lamar under federal laws which provide educational assistance are directed to secure information by consulting the Office of Veterans Affairs, Room 101, Wimberly Student Services Building or calling 880-8437.

I understand that information submitted herein will be relied upon by officials at Lamar University to determine my status for residency and admission as a PB student. I understand PB status is an undergraduate classification and is not a means of graduate admissions. I authorize the university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or other appropriate disciplinary action.

Signature of Applicant: _____ Date: _____