



Application For Admission FORMER APPLICANT

P.O. Box 7001
Longview, Texas 75607

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FAX 903-233-4301

admissions@letu.edu
www.letu.edu

Personal Information

<input type="checkbox"/> Mr.	_____	_____	_____	_____
<input type="checkbox"/> Mrs.	_____	_____	_____	_____
<input type="checkbox"/> Ms.	_____	_____	_____	_____
	First Name	Middle/Maiden Name	Last Name	Suffix
Home Address:	_____	City: _____	State: _____	Zip: _____
Phone:	_____	Email: _____	_____	
Temporary Address:	_____	City: _____	State: _____	Zip: _____
Use temporary address until:	_____	Temporary Phone:	_____	
Social Security Number:	_____	Date of Birth:	_____	

Educational Information

Semester you originally applied for:	Fall 20____	Spring 20____	Summer 20____
Semester you are currently applying for:	Fall 20____	Spring 20____	Summer 20____
Housing:	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Married Student Housing	<input type="checkbox"/> Off-campus (see Student Handbook for eligibility)
Intended Major:	_____		
If you have attended any other colleges or universities since applying to LeTourneau, list them below with dates of attendance and request that an official transcript be sent from each:	_____		

If you have not attended any other colleges or universities since applying to LeTourneau, how have you been occupied since the time of your original application?	_____		

Personal Statement

Please provide us with your reason(s) for wanting to return to LeTourneau University to complete your degree. (Use additional paper if necessary.)	_____
Describe briefly your current relationship to Jesus Christ:	_____

Your church or denominational preference:	_____
Date:	_____
Signature:	_____
LeTourneau University admits students regardless of race, color, sex, and national or ethnic origin.	