#### ENROLLMENT APPLICATION FORM

Application ID: LU\_6069

Submitted Date: May 19, 2023

### **Student Information**

First Name	Lá	ist Name	
ARSHPREET SINGH	LN	IU	
Date of Birth	G	ender	
February 11, 2002	M	ale	
City of Birth	Co	ountry of Birth	
MOGA, PUNJAB	In	dia	
Country of Citizenship			
India			
Mailing Address			
VPO JHANDEWALA			
P O BUDH SINGH WALA			
City	State/Province	Zip/Postal	
MOGA	PUNJAB	142001	
Country			
India			
Home Country Address (if d	ifferent than above)		
City	State/Province	Zip/Postal	
Country			
Social Security Number (If y	ou have one)		
Phone	Er	nail	
	a	shpreetsinghg415@gmail.com	

#### ENROLLMENT APPLICATION FORM

# **Emergency Contact**

First Name	Las	st Name
Relationship		
Address		
City	State/Province	Zip/Postal
Country		
Phone	Em	ail
Demographic Informa	tion SINCE 191	
Universities that are recipients of certain demographic information to provide the following informat discriminatory manner.	federal dollars are requi to meet federal reportin ion voluntarily. This infor	ired by the Federal government to solicit ng requirements. Applications are requested rmation will not be utilized in a
Please indicate how you identify y	yourself:	
Asian or Pacific Islander		
Applicant Status		
International student		
Are you a veteran of the U.S. Milit	ary?	
Are you a transfer in student?		
No		

#### ENROLLMENT APPLICATION FORM

## **Application Documents**

Select a program	
Bachelor of Arts in Business Administration	
Please choose the program format	
On-Campus	
Distance Education	
Please Select Starting Cohort	
Please Select starting semester	
Fall 2023	
Please submit the following documents. All documents must be accompanied by notarized I than English.	English translation, if submitted in language other
High School Diploma and Transcripts	
10th-Certificate-41.pdf	
Transcripts from Higher Educational Institutions At	tended
12th-Certificate-76.pdf	
Two Letters of Recommendation	Three Letters of Recommendation
Resume with Summary of all Work, Extracurricular	Activities, and Education History
CV-130.pdf	
Photocopy of Passport or Equivalent	Proof of English
Passport-2-8.pdf	lelts-9.pdf
Copy of US Visa	Copy of current I-20
Copy of current I-94	Official transcript from the school in the USA

#### ENROLLMENT APPLICATION FORM

One	e-page Essay Expla	ining Applican	it's Interest in a	Lincoln University Program
STA	TEMENT-OF-PURPOSE	-50.pdf		
App	lication statement			
Rec	ruiter			
Аp	plicant's De	claration (	of Finance	S
doc the lette	uments to demon academic progra er from an officer	strate their ab m. An applica of the bank or	ility to pay all to nt or a sponso other financial	nplete this form and provide financial support ution, fees, and living expenses for the first year of r must submit a bank statement or a verification institution giving the present balance, which must of study (\$20,065).
Wh	o will pay for your	educational ex	cpenses at Linco	oln University?
$\bigcirc$	Myself	• 5	Sponsor	
The me	funds for my educto use them for m	cational expen y educational	ses are on depo purposes. (plea	osit in a bank or in a financial institution allowing se choose one)
Sou	rce of Funds			
$\bigcirc$	Bank: Please uploc and available for r			ing that these funds are deposited in bank on my name
$\bigcirc$	Financial Institution for my educationa			atement verifying that the funds will be made available
Nar	ne of Bank/Financ	al Institution		
Plea	ase upload a bank	statement of f	inancial institut	ion letter/statement
FUN	DS-4-1.pdf			
Sp	onsor's Inf	ormation	n	
•	t Name			Last Name
	AZULLA WAZA			

#### ENROLLMENT APPLICATION FORM

sportsor's relationship to	Student	
UNCLE		
Sponsor's Country of Citiz	enship	
India		
Sponsor's Address		
MODEL TOWN		
City	State/Province	Zip/Postal
SOPORE	J& k	
Country		
India		
Sponsor's Phone		
Sponsor's Email		

### Agreement

Spansor's relationship to Student

I agree that I am bound by the Lincoln University's regulations concerning application deadlines and admission requirements. I agree to the release of any transcripts and test scores to this institution. I certify that this information is complete and accurate. I understand that making false or fraudulent statements within this application or residency statement will result in disciplinary action, denial of admission and invalidation of credit or degrees earned. If admitted, I agree to abide by the policies, rule, and regulations of Lincoln University. Should any information change prior to my entry into the University, I will notify the Office of Admissions.

I understand that my application will not be processed without submitted application fee. I understand that the application fee I submit with this application is a non-refundable fee.

Do you understand and agree to the terms listed above?

Yes, I understand and agree to the terms listed above.

Signature



ENROLLMENT APPLICATION FORM

### **Payment**

**Total Application Fee** 

\$95.00

If you need to pay by WIRE, please contact the admissions office at +1-510-628-8010 or email at wire@lincolnuca.edu. Wire Transfer Details can be found HERE

#### Thank You

Thank you for successfully applying to Lincoln University. The application will be processed on the basis of first come first serve basis.

If you needed to contact admissions office, please do not hesitate to contact via email at admissions@lincolnuca.edu or phone at +1-510-628-8010.

For technical help, please contact us at helpdesk@lincolnuca.edu or call at 510-628-8020. For More information about the university, please visit www.lincolnuca.edu