ENROLLMENT APPLICATION FORM

Application ID: LU_6037

Submitted Date: May 17, 2023

Student Information

First Name	Last	Name
SHUBHPREET SINGH	FNU	
Date of Birth	Gend	der
January 7, 2005	Male	
City of Birth	Cour	ntry of Birth
KOTLA MOOSA	India	
Country of Citizenship		
India		
Mailing Address		
VILL KOTLA MOOSA PO QADIA	N TEHSIL BATALA	
City	State/Province	Zip/Postal
GURDASPUR	PUNJAB	143516
Country		
India		
Home Country Address (i	f different than above)	
City	State/Province	Zip/Postal
Country		
Social Security Number (I	f you have one)	
Phone	Emai	il
+918360576272	shub	hpreetsingh039@gmail.com

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Emergency Contact

First Name	Las	t Name
GURPAL	SIN	GH
Relationship		
FATHER		
Address		
VILL KOTLA MOOSA PO QADIAN TEHS	IL BATALA	
City	State/Province	Zip/Postal
GURDASPUR	PUNJAB	143516
Country		
India		
Phone	Em	ail
+918360576272		
discriminatory manner.	of federal dollars are requ on to meet federal reportin ation voluntarily. This info	ired by the Federal government to solicit ng requirements. Applications are requested rmation will not be utilized in a
Please indicate how you identify Asian or Pacific Islander	y yoursen.	
Applicant Status		
International student		
Are you a veteran of the U.S. M	litary?	
Are you a transfer in student?		
No		

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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 notar than English.	rized English translation, if submitted in language other
High School Diploma and Transcripts	
CLASS-10-12-23.pdf	
Transcripts from Higher Educational Institutio	ons Attended
Two Letters of Recommendation	Three Letters of Recommendation
Resume with Summary of all Work, Extracurrie	cular Activities, and Education History
Photocopy of Passport or Equivalent	Proof of English
Passport-500.pdf	MOI-208.pdf
Copy of US Visa	Copy of current I-20
Convert of surrent I OA	Official transport from the calculate LICA
Copy of current I-94	Official transcript from the school in the USA

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One	e-page Essay Explaining Applicant'	's Interest in a Lir	ncoln University Program
STA	TEMENT-OF-PURPOSE-49.pdf		
App	lication statement		
Rec	ruiter		
•	plicant's Declaration o		
doc the lette	international applicants are recuments to demonstrate their abilacademic program. An applicanter from an officer of the bank or call or exceed the amount required	ity to pay all tutic t or a sponsor m other financial ins	lete this form and provide financial support on, fees, and living expenses for the first year of nust submit a bank statement or a verification stitution giving the present balance, which must study (\$20,065).
Who	o will pay for your educational exp	enses at Lincoln	University?
\bigcirc	Myself Sp	oonsor	
The me	funds for my educational expens to use them for my educational p	es are on deposit urposes. (please	t in a bank or in a financial institution allowing choose one)
Sou	rce of Funds		
\bigcirc	Bank: Please upload below a bank s and available for my educational us		that these funds are deposited in bank on my name
\bigcirc	Financial Institution: Please upload b for my educational use in the U.S.A.	pelow a letter/state	ment verifying that the funds will be made available
Nar	ne of Bank/Financial Institution		
Plea	ase upload a bank statement of fir	nancial institutior	n letter/statement
FUN	D-11.pdf		
Sp	onsor's Information		
Firs	t Name		Last Name
JAI			KUMAR

ENROLLMENT APPLICATION FORM

Sporisor s relationship	to student	
UNCLE		
Sponsor's Country of C	tizenship	
India		
Sponsor's Address		
H NO 71 A WARD NO 05 GE	ETA COLONY	
City	State/Province	Zip/Postal
KARNAL	HARYANA	132116
Country		
India		
Sponsor's Phone		
+918360576272		
Sponsor's Email		

Agreement

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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