

Guaranteed Admission Program Participation Form

https://www.lincolnu.edu/ Blaine Bredeman, Registrar, <u>bredemanb@lincolnu.edu</u>, 573-681-5187

The goal of the Guaranteed Admission Program is to create a seamless and successful transition for transfer students intending to complete their baccalaureate degree at Lincoln University of Missouri. The Guaranteed Admission Program allows students the opportunity to be simultaneously admitted to both Lincoln University of Missouri and College of Lake County.

General Guidelines

Students indicate their intention to participate in the program by filling out this form at the time of their application to Lincoln University of Missouri. This form should be submitted at least one year in advance of your first semester at Lincoln University of Missouri. Guaranteed admission students are subject to the same admission and degree requirements, as well as the same academic policies governing all other Lincoln University of Missouri and Lake County students.

Instructions

Step 1: Meet with your advisor at College of Lake County to verify eligibility to apply.

Step 2:Complete the application for admission to Lincoln University of Missouri

(https://www.lincolnu.edu/web/luadmissions/admissions). Submit official transcripts from all colleges or universities in addition to other documents listed on the Lincoln University of Missouri undergraduate application no later than one year before you intend to transfer to Lincoln University of Missouri.

Step 3:Submit this form to Lincoln University of Missouri along with your application. Upon receipt of this form,
Lincoln University of Missouri will waive the application fee. If you apply online, mail or bring this form
to:Lincoln University of MissouriLincoln University of Missouri

Attention: Blaine Bredeman, Registrar

820 Chestnut St

Jefferson City, MO 65101

| | PLEASE PRINT |
|---|--|
| Name: | Intended Major(s): |
| Mailing Address: | |
| City, State, Zip Code: | |
| Email Address: | Phone Number: |
| I plan to take my first course at Lincoln University: | TERM: FallSpringSummer YEAR: |
| (PLE | ASE INDICATE BOTH A TERM AND A YEAR) |
| Student Signature: | Date: |
| My signature signifies that I wish to participate in the Guaranteed | d Admission Program. I agree to the guidelines established by Lincoln University o |
| Missouri and College of Lake County. I authorize Lincoln Universi | ity of Missouri to disclose my education records, including, but not limited to, |

Missouri and College of Lake County. I authorize Lincoln University of Missouri to disclose my education records, including, but not limited to, academic, admission, advising information, program completion status, and financial aid eligibility and disbursement to College of Lake County. I also understand that the submission of this form means that in addition to the sharing of information between the two institutions, they may offer the reverse degree option to me if it is available and that I may receive communications from Lincoln University informing me of presentations, workshops, activities, student events and visits.