

# Special Student Application

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security \_\_\_\_\_ Email \_\_\_\_\_

Permanent address: \_\_\_\_\_ Present or university address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Church preference \_\_\_\_\_ Citizenship: ☐ U.S. ☐ Other \_\_\_\_\_  
(PERMANENT RESIDENT/STUDENT VISA)

Ethnic Origin: ☐ White ☐ African-American ☐ Hispanic ☐ Native American ☐ Asian or Pacific Islander  
☐ Other \_\_\_\_\_

Have you ever ☐ applied or ☐ enrolled at ACU in the past? If so, when? \_\_\_\_\_

## ENROLLMENT INFORMATION:

Year 2020 Term: ☐ Fall ☒ Spring ☐ Summer

A. Graduate Student

Most recent school attended \_\_\_\_\_

B. Undergraduate Student

College from which you are seeking a degree: Lipscomb University

C. Intercollege (check as appropriate): ☐ HSU ☐ McMurry

Courses in which you wish to enroll:

SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.
CS	365	01	3								

I affirm that this information is correct to the best of my knowledge. I also understand that my enrollment as a special student does not imply matriculation in a degree program at ACU.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may email this form to registrar@acu.edu, fax it to (325) 674-2238, or mail it to: Registrar's Office; ACU Box 29141; Abilene, TX 79699.