



Texas Lutheran University

OFFICE OF THE REGISTRAR

1000 West Court Street

Seguin, TX 78155

830-372-8040

EVENING COLLEGE PROGRAM APPLICATION FOR ENROLLMENT

Name: _____ TLU ID# _____ Term _____

Sex: Male Female Ethnicity (for statistical purposes only) _____

Home phone: _____ Work phone: _____

Mailing Address: _____ E-mail address: _____

_____ Social Security # _____

Birth Date: _____ Place of Birth: _____

High School where Graduated: _____

Colleges attended:

_____ Approx. hours _____

_____ Approx. hours _____

_____ Approx. hours _____

_____ Approx. hours _____

I certify that I am a graduate of the high school named above. I will arrange to have an official transcript of my high school record and an official transcript from each of the colleges attended on file with the Registrar of Texas Lutheran University within 30 days of the date below. I realize that transcript service from TLU will not be available nor will I be eligible for federal financial aid until all transcripts are on file.

Signature _____ Date _____