

Section H

PERSONAL STATEMENT

WHY HAVE YOU CHOSEN TO APPLY FOR ADMISSION TO LIPSCOMB UNIVERSITY?

Section I

IMPORTANT - PLEASE READ AND SIGN

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I AGREE THAT IF I ENROLL, I WILL ABIDE BY THE POLICIES, RULES, REGULATIONS, AND THE FINANCIAL TERMS IN THE CATALOG, STUDENT HANDBOOK AND/OR OTHER UNIVERSITY PUBLICATIONS AUTHORIZED AND APPROVED BY THE UNIVERSITY. LIPSCOMB UNIVERSITY RESERVES THE RIGHT TO REVOKE ADMISSION ON THE BASIS OF MISREPRESENTATIONS OR OMISSIONS, WHETHER INTENTIONAL OR ACCIDENTAL, ON THIS APPLICATION.

SIGNATURE OF APPLICANT (REQUIRED) _____ DATE _____

TO WHOM SHOULD BILLING INFORMATION BE SENT?

PARENT GUARDIAN STUDENT OTHER _____

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT (OTHER THAN STUDENT) IS REQUIRED.

(IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN IS RESPONSIBLE FOR PAYMENT.)

DATE _____ RELATION TO APPLICANT _____

I ACCEPT, TOGETHER WITH THE APPLICANT, FULL RESPONSIBILITY FOR PAYMENT OF THE EXPENSES INCURRED BY THE APPLICANT AT LIPSCOMB UNIVERSITY, AND I ACKNOWLEDGE THAT I AM JOINTLY AND SEVERALLY LIABLE WITH THE APPLICANT FOR ANY SUCH EXPENSES.

IF "OTHER" IS RESPONSIBLE FOR PAYMENT, PLEASE FILL IN THE FOLLOWING INFORMATION.

MR./MRS./MS./ORGANIZATION		ADDRESS		APT.#
CITY	STATE	ZIP	PHONE (INCLUDE AREA CODE) ()	

LIPSCOMB UNIVERSITY DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, RELIGION, AGE, SEX, HANDICAP, OR PRIOR MILITARY SERVICE IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION, FINANCIAL AID, OR OTHER EDUCATIONAL PROGRAMS OR ACTIVITIES.

RETURN TO:

**OFFICE OF UNDERGRADUATE ADMISSIONS
LIPSCOMB UNIVERSITY
3901 GRANNY WHITE PIKE
NASHVILLE, TENNESSEE 37204-3951**