

# OBU LifeLong Learning Program

## Student Application

Oklahoma Baptist University Academic Center  
500 West University | Shawnee, OK 74804

Teri Walker, *LifeLong Learning Coordinator*  
405.878.2023 | Fax 405.878.2046

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth \_\_\_\_\_  
CITY STATE OR COUNTRY

Country of Citizenship \_\_\_\_\_ Gender  Male  Female

Marital Status  Single  Married Spouse's Name \_\_\_\_\_

When did you graduate from OBU? (month/year) \_\_\_\_\_ (must be at least two years prior to beginning the LifeLong Learning program)

What was your name as an OBU student? \_\_\_\_\_

College/University attended since leaving OBU? \_\_\_\_\_  
(If you are seeking a degree, you must submit official transcripts to the Registrar.)

Semester you plan to begin taking Lifelong Learning Courses \_\_\_\_\_

### Ethnic Codes (check one)

- Non-resident Alien
- Black, Non-Hispanic
- American Indian/Alaskan
- Asian/Pacific Islander
- Hispanic
- White, Non-Hispanic

Denomination/Religious Preference \_\_\_\_\_

### Educational Goal at OBU (check one)

- Second bachelor's degree
- None, just taking courses

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### Current Address

Street Address, Box Number or Route \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Permanent Address (if different from current address)

Street Address, Box Number or Route \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

By submission of this application, I acknowledge that I have read and agree to all terms of OBU's LifeLong Learning Program. I understand this program addresses **tuition costs only**. I am responsible for payment of the Lifelong Learning Fee and any course-related fees associated with my enrollment in the undergraduate courses. Further, I understand I may not enroll until the first day of class each semester and that I may not enroll in more than five hours per fall or spring semester. If I enroll in any class (even if I withdraw and re-enroll on the first day) before the first day of class, I will not be eligible for the Lifelong Learning Program for that term and will be charged full tuition and fees for all courses taken in that term.

Signed \_\_\_\_\_ Date \_\_\_\_\_