



LEWIS COLLEGE OF BUSINESS

17370 Meyers Rd. Detroit, MI 48235 313-862-6300 Ext. 239

Admissions Application

Expected Entrance Term/Year: _____ Admission Counselor: _____

Student /Name First: _____ Middle: _____ Last: _____

Student SSN: _____ Residence County: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Sex: _____ Race: _____

Birth County: _____

Home Phone: _____ Fax: _____

Work Phone: _____ E-Mail : _____

High School /GED Attended : _____ Date Attended: _____

How did you hear about us? _____

Field of Interest: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Name of School Last Attended: _____ City: _____ State: _____

Did You Graduate? _____ Date of Attendance: _____

I UNDERSTAND WITHHOLDING ANY INFORMATION REQUESTED ABOVE, OR GIVING ANY INCORRECT INFORMATION MAY RENDER ME INELIGIBLE FOR ADMISSION TO THE COLLEGE, OR SUBJECT TO DISMISSAL WITH LOSS OF CREDIT. ** A \$ 20.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.**

Signature: _____ Date: _____

FOR OFFICE ONLY

Assessment Taken [Date]: _____ Qualified [Date]: _____

Application Fee \$ _____ Receipt# : _____ Initials: _____

