



Fifth-Year Senior Application/ Graduating Semester Form

SS #: _____ School year: *Fall* _____ *Spring* _____

Name: _____

Address: _____

City: _____ Parish: _____ State: _____ Zip: _____

Home phone: (____) _____ Alternate phone: (____) _____

Major: _____ Cum. GPA: _____ Earned hrs. _____

How many hours are required for you to complete your degree? _____

PLEASE NOTE TO ONLY INCLUDE LCU SCHOLARSHIPS NOT OUTSIDE FUNDS

What LCU scholarships or aid do you receive?

Please explain why you need to stay additional semesters at Louisiana Christian University:

Student Signature: _____ **Date:** _____

For office use only:

Earned Hours: _____ Cumulative GPA: _____

Amount of Award: \$ _____ Fund: _____

Awarding Initials: _____ Date: _____