



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? _____

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: _____