



## Returning Student Application

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Anticipated Semester of Re-Enrolment: Fall / Spring 20\_\_\_\_

Will you be applying for housing? Y / N  
(circle one)

Please respond to the following on a separate page (please type your answers):

1. Why did you stop taking courses at the CLC?
2. Why do wish to return at this time?
3. Please describe your employment, ministry experiences, or other schooling since you were last enrolled.
4. If you have completed coursework at another educational institution since you were last enrolled, please provide an official transcript.

Please provide the names and contact information (address and phone number) for two people who could provide a pastoral reference and a personal reference.

Pastoral Reference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Reference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this competed application to:  
Christian Leadership College, Attention: Admissions, 6400 South 70th Street, Lincoln, NE 68516**