

## LEAP Correspondence Application Form

**Please print. Fill out completely.**

Mr.  Miss

Full legal name \_\_\_\_\_

Last

First

Middle

(Nickname)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home phone (      ) \_\_\_\_\_

Date of birth (mo/day/yr)      /      /

Country of citizenship \_\_\_\_\_

Name of high school \_\_\_\_\_

Anticipated date of high school graduation \_\_\_\_\_

Average grades in high school courses  A  B  C

**Please enroll me in**

Catalog number \_\_\_\_\_

Course name \_\_\_\_\_

*I understand the credit I receive for this course will be held in escrow until I have completed one full year at Bob Jones University.*

Signature of student \_\_\_\_\_

This individual has demonstrated a consistent ability to achieve above average grades in our high school. I recommend this student as qualified to participate in the L.E.A.P. program at Bob Jones University.

Signature of principal (or home school parent) \_\_\_\_\_

**Cost**

Cost is \$825 per course. Shipping costs for shipment to Hawaii and foreign addresses will be billed at cost.

**Method of payment:**

Check payable to Bob Jones University (included with application)

Discover  MasterCard  Visa

Account # \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_

Security code \_\_\_\_\_

Mail your completed application to:  
Office of Extended Education  
Bob Jones University  
Greenville, SC 29614-0001

Or, you may fax the complete application to:  
(864) 271-8187