



LEHIGH
UNIVERSITY®

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Signature _____ Date: _____

Print Name: _____

Major: _____

Start Date (Semester & Year): _____ Anticipated Year of Graduation: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Testimonial Request:

In your own words please express why you choose to pursue a Lehigh University graduate degree or explain something unique you experienced through your academic career at this institution.

Please return to:

Corinn McBride, Director of Recruitment and Admissions
College of Business and Economics
Lehigh University
621 Taylor Street
Bethlehem, PA 18015-3117
FAX: (610) 758-5283

Thank you!