CROSS ENROLLMENT FORM
SLCC STUDENTS ENROLLING CONCURRENTLY AT UL-LAFAYETTE

NAME (last, first, middle/maiden – one letter per block – one block between names)

SOCIAL SECURITY NUMBER BIRTH DATE

SEX: ___ MALE ___ FEMALE

LOCAL TELEPHONE NUMBER

E-MAIL ADDRESS: __________________ PARISH OF H.S. GRADUATION: ______________

LOCAL MAILING ADDRESS: P.O. BOX, STREET NO & NAME, APT. NO.

CITY STATE

PARISH ZIP CODE

WHAT IS YOUR ETHNICITY? (you must indicate one ethnicity category)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

MARK ONE OR MORE OF THE FOLLOWING CATEGORIES THAT INDICATE YOUR RACE. (you must indicate at least one race category)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

TERM FOR WHICH YOU WISH TO REGISTER: ☐ Fall ☐ Spring ☐ Summer YEAR: 20___

YEAR CLASSIFICATION ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE

HAVE YOU PREVIOUSLY ATTENDED UL-LAFAYETTE ☐ YES ☐ NO

IF YES, GIVE FIRST SEMESTER ENROLLED__________ AND LAST SEMESTER ENROLLED__________

ARE YOU A CANDIDATE FOR A DEGREE AT SLCC THIS SEMESTER? ☐ YES ☐ NO

NUMBER OF HOURS COMPLETED AT SLCC__________

ARE YOU CURRENTLY RECEIVING FINANCIAL AID? ☐ YES ☐ NO

COURSES SCHEDULED AT SLCC IN SEMESTER SEEKING CROSS-ENROLLMENT

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<th>COURSE TITLE</th>
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Effective 09/11
COURSES REQUESTED AT UL-LAFAYETTE FOR CROSS-ENROLLMENT

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BY SIGNING THIS FORM, THE STUDENT ACCEPTS RESPONSIBILITY FOR ASSURING THAT S/HE MEETS ALL PREREQUISITES FOR THE COURSE(S) APPROVED FOR CROSS-ENROLLMENT. THE SIGNATURES OF THE ADVISOR AND REGISTRAR BELOW DO NOT VERIFY THAT THESE COURSES ARE APPLICABLE TO A DEGREE AT SLCC.

THE CROSS ENROLLMENT REQUEST REFLECTED IN THIS DOCUMENT IS IN ACCORDANCE WITH THE CROSS ENROLLMENT AGREEMENT BETWEEN SLCC AND UL-LAFAYETTE. I AUTHORIZE UL-LAFAYETTE TO FURNISH A COPY OF MY FINAL GRADES TO SLCC FOR PURPOSES OF POSTING TO MY PERMANENT ACADEMIC RECORD AT THE END OF THE TERM. I UNDERSTAND THAT (AFTER THE FINAL EXAM PERIOD), I MUST MAKE A WRITTEN REQUEST OF UL-LAFAYETTE FOR THE OFFICIAL TRANSCRIPT TO BE RELEASED TO SLCC.

STUDENT'S SIGNATURE ___________________________ DATE ____________

THE ABOVE NAMED STUDENT HAS PERMISSION TO ENROLL IN THE COURSE(S) LISTED ON THIS FORM AS A CROSS-ENROLLED STUDENT FOR THE SEMESTER REQUESTED

SLCC APPROVAL:

SIGNATURE OF ADVISOR ___________________________ DATE ____________

SIGNATURE OF REGISTRAR OR REGISTRATION OFFICIAL ___________________________ DATE ____________

UL-LAFAYETTE APPROVAL:

SIGNATURE OF REGISTRAR OR REGISTRATION OFFICIAL ___________________________ DATE ____________

Effective 09/11