**South Louisiana Community College**

**Application for Admission**

**INSTRUCTIONS**

*This application must be completed and returned to the Office of Admissions before a student is able to register for classes.*

All cross enrollment program participants MUST complete and submit a separate cross-enrollment application for each semester enrolled. This application is available in the Registrar’s office.

**Print or Type the Application in Black or Blue ink**

**Section A:** Read the sections carefully and provide complete answers to all of the questions in sections A.

**Section B:** All applicants must complete this section. Check the appropriate boxes. If you are registered for Selective Service, make sure you indicate your Selective Service Number.

**Sections C & D:** Complete information regarding educational goals and history. Include the names of all colleges and universities attended and fill out all information requested for each one. If exact dates or credit hours earned are not known, give the best estimate of this information.

**Section E:** If you are receiving any type of financial assistance, (National Guard, State Grant, SMILE, TOPS, etc) you **MUST** see the financial aid officer before attending classes.

**Section F:** Check all items that apply to verify residency.

**Section G:** Fill in the blanks with complete information.

**Section H:** Read the Student Substance Abuse, Firearm and Drug Free Workplace Policy before signing and dating certification that the policy has been read. Your signature also verifies that all information in the document is true and complete.

**Section I:** Check the appropriate box and provide only that information you wish to have released and printed in the Student Directory.

**Section J:** Check the appropriate blank for each section.

**Immun Form:** **Proof of Immunization Compliance Form**

One of these options must be completed unless you are age exempt (born before January 1, 1957). Age-exempt students should complete the section for name, social security number, and date of birth only and check the age-exempt box.

If the physician’s statement or immunization record is not available at the time of submission of other application forms, the compliance form must be kept and returned when all information has been entered. Please note that - If Option 3 is selected - you may be excluded from attending classes on campus should there be an outbreak of one of the diseases listed.

**Transcript Form:** **Request for High School/College Transcript**

If student attended more than one college, you must complete the Request for Transcript Form to submit to appropriate institutions attended.

Effective 07/11
South Louisiana Community College
Application for Admission
www.southlouisiana.edu

320 Devalcourt Street  908 Ember Drive  1013 Perret Street
Lafayette, LA 70506  New Iberia, LA 70560  Franklin, LA 70538
Voice (337) 521-8896  Voice (337) 373-0185  Voice (337) 413-8146
Fax (337) 262-2101  Fax (337) 373-0187  Fax (337) 413-8145

A. Complete form and mail or bring it to the Lafayette or New Iberia campus. Application should be submitted for processing 30 days prior to the first day of classes for semester or session for which admission is requested. PLEASE PRINT (IN BLUE or BLACK INK) OR TYPE.

Name (LAST,    FIRST,      MIDDLE)             Former last names used  National ID (S. S. No.)
Are you:  □ Male  □ Female  Marital Status:  □ Married  □ Single  □ Divorced  □ Head of Household
Citizenship status which best describe you:
□ Native (US Citizen)  □ Alien, Permanent Resident  Alien Number _______________________
□ Alien, Temporary  □ Non-US Citizen  Visa Type: __________________________________

Birth date:  Month ____  Day ____  Year ____

Mark one or more of the following categories that indicate your race.

Ethnic origin which best fits you:
□ American Indian or Alaska Native  □ Hispanic of any Race
□ Asian  □ Native Hawaiian or Other Pacific Islander
□ Black, Non-Hispanic  □ Race/Ethnicity Unknown
□ Foreign/Non-Resident Alien  □ White, Non-Hispanic

Campus:  Where you plan to attend:  □ Lafayette  □ New Iberia  □ Franklin  □ Hessmer
E-mail Address:  ____________________________________________  Parish ________________

Residential Address
Apt No.              City, State              Zip

Mailing Address (If different from above)
Apt No.              City, State              Zip

Home Telephone  Business Number  Cell Phone Number

Projected Enrollment?  □ Maymester  □ Summer  □ Sum A  □ Sum B  □ Fall  □ Spring  Year ________

B. SELECTIVE SERVICE (This section must be completed by any applicant who is required to register for the draft in accordance with the Military Selective Service Act, and the requirements of State Law *R.S. 17:1351.)
I am registered with the Selective Service System.  □ No  □ Yes, Indicate Selective Service Number ____________________________ (*Written proof must be provided prior to registering for classes)

Effective 07/11
C. **CURRENT EDUCATIONAL GOAL:** (Please check **ONLY ONE**)

**Degree-Seeking at SLCC**

**ASSOCIATE DEGREE:**
- Associates of Arts (Louisiana Transfer) Degree
  - Arts
  - Humanities
  - Social Sciences
- Associate of Science (Louisiana Transfer) Degree
  - Biological Sciences
  - Physical Sciences
- Associate of Science in Teaching
- Clinical Laboratory Science (pending)
- Criminal Justice
  - Corrections
  - Law Enforcement
- Care and Development Young Children
- Emergency Medical Technician - Paramedic
  - Business Technology
    - Business
    - Micro-computer Systems
- General Studies
  - Applied Sciences
  - Behavioral/Social Sciences
  - Business Studies
  - Natural Sciences
  - Teacher’s Prep Track (PREK-3)
  - Liberal Arts
- Industrial Technology
- Midwifery

**CERTIFICATES:**
- Emergency Medical Technology - Paramedic
- General Studies

**TECHNICAL COMPETENCY AREA:**
- Care and Development of Young Children
- Childcare Administration
- Emergency Technical Program
- Microsoft EXCEL
- Microsoft WORD

**Non-Degree-Seeking at SLCC:**
- Special (non-degree-seeking)
- Visitor - I will attend SLCC for only semester/session
- Transfer - I am planning to transfer credits earned to
  (Name of College/University)
  to pursue a degree in
  - Cross-Enrolled – ULL
  - Cross-Enrolled – ATC
  - Other
  - High School Concurrent Enrollment
  - Undecided

**Primary Reason for seeking admission:**
- Beginning College
- Improve current GPA
- Job Upgrade
- Changing Careers

**Have you taken the ACT/SAT?**
- Yes. Please submit your test scores for placement purposes.
- No. Please schedule your placement test with Advisors.
D. **EDUCATIONAL HISTORY:** (Attach separate sheet if more space is needed for “high school” or “previous college” section)

| LAST HIGH SCHOOL ATTENDED | LOCATION (City, State, Country) | PARISH (If Louisiana High School) | HIGH SCHOOL GRADUATION
|---------------------------|---------------------------------|------------------------------------|------------------------|
|                           |                                 |                                    | Did you (or will you) graduate?
|                           |                                 |                                    | Yes Year __________ |
|                           |                                 |                                    | No                     |
|                           |                                 |                                    | GED Year __________   |

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY PREVIOUSLY ATTENDED (Begin with the first attended - Include SLCC if previously attended)</th>
<th>LOCATION (City, State, Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>CREDIT HOURS EARNED (Approximate number)</th>
<th>DEGREE EARNED (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>from (Month/Yr) to (Month/Yr)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you a first-time freshman? □ Yes □ No, are you eligible to enroll at the last college/university you attended? □ Yes □ No - Why? __________________________________________________________________________________

Will you be enrolled at any other college/university while attending SLCC? □ Yes □ No

If yes and you are a **DEGREE-SEEKING STUDENT AT SLCC**, you are reminded that you must provide SLCC with an **OFFICIAL** transcript showing final grades of the current semester/session.

E. **DO YOU PLAN TO APPLY FOR FINANCIAL AID?** □ Yes □ No

If you are receiving financial assistance from a third party (Grant, Scholarship, TOPS, National Guard, SMILE, etc), you **MUST** see the financial aid officer before attending classes. **MUST BE DEGREE-SEEKING OR CERTIFICATE TO RECEIVE FINANCIAL AID.**

F. **DO YOU QUALIFY AS A RESIDENT OF LOUISIANA?** □ No □ Yes

If yes, on what basis? Check all that apply:

- □ I am a life-long resident of Louisiana
- □ I am married to a Louisiana resident
- □ My parent(s) graduated from SLCC
- □ I am living with my parents* who reside and are employed full-time in Louisiana
- □ Father
- □ Mother
- □ Both Father and Mother
- □ I am a previous resident of Louisiana (Indicate dates: from __________ to __________)
- □ I have been living and employed in Louisiana for more than one year (Indicate dates: from __________ to __________)
- □ My spouse has been employed in Louisiana for more than one year (Indicate dates: from __________ to __________)
- □ I am a member of the US Armed Services (Indicate dates: from __________ to __________)
- □ As a member of the US Armed Services, I was stationed in Louisiana (Indicate dates: from __________ to __________)
- □ I am a dependent of a member of the US Armed Services stationed in Louisiana (Indicate dates stationed in Louisiana: from __________ to __________)

G. **EMERGENCY CONTACT**

Name of Person to Contact in Case of Emergency (Last, First, Middle) ____________________________ Relationship to Applicant ____________________________

<table>
<thead>
<tr>
<th>Complete Mailing Address</th>
<th>Parish</th>
<th>City, State, Zip</th>
<th>Daytime Telephone</th>
</tr>
</thead>
</table>

H. **STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY**

South Louisiana Community College prohibits the unlawful possession or use of firearms and the unlawful possession, use or distribution of drugs and alcohol by students while on school property or in attendance at any school activity.

I understand that reporting to school or performing tasks for the school while under the influence of and impaired by illegal drugs or alcohol is prohibited. I also realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances is prohibited. I am aware that possession and use of firearms are prohibited on this campus. I also understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify South Louisiana Community College within five (5) days if I am convicted of violating any criminal drug statute at the educational facility. I further realize that the school is required by
I hereby certify that I have read and understand the above Student Substance Abuse, Firearm, and Drug Free Workplace Policy and that all of the information I give in this document is true, complete, and accurate to the best of my knowledge.

I understand that admission to the college does not constitute admission to every program offered by the college. I understand that differing programs carry differing admission criteria.

I understand that withholding information or giving false information may make me ineligible for admission to and attendance at South Louisiana Community College. I hereby authorize Louisiana Public Postsecondary Education access to my academic records.

_______________________________________________  __ ______________________________
Signature of Applicant                      Date

I. DEMOGRAPHIC INFORMATION

☐ I do not wish to have my demographic information published.
☐ I hereby grant South Louisiana Community College permission to release and publish my demographic information as listed below:

NAME _________________________________________________________________________________________________

LOCAL MAILING ADDRESS _____________________________________________________________

Street, City, Zip Code

LOCAL PHONE NUMBER ______________________     E-MAIL ADDRESS ___________________________________

J. MISCELLANEOUS INFORMATION

STUDENTS WITH DISABILITIES:
Do you have a special condition, which you feel may affect your academic or physical activities at SLCC?
☐ Yes ☐ No If so, please contact the Office for Services for Students with Disabilities at (337) 521-8907.

Employment Status: _____ Employed full-time    _____ Employed part-time    _____ Unemployed

Number of Dependents Living in Your Household: _____

Highest Level of Education Completed by Your parents:

_____ Elementary    _____ High School    _____ Certificate

_____ Diploma (from a technical college, proprietary school, or private school)

_____ Associate Degree    _____ Bachelor’s Degree    _____ Graduate Degree (Master’s, Doctorate)

_____ Professional Degree (e.g., Law, Medicine)

How did you learn about SLCC? (Check all that apply)

_____ Friend or family member    _____ Newspaper    _____ Radio/television

_____ High school counselor, teacher, or principal    _____ Career day

_____ Meeting at my high school    _____ Meeting in the community

_____ My employer    _____ Other (please list) ______________________________

Effective 07/11
Why did you choose to attend SLCC? (Check all that apply)

_____ Low cost of attending
_____ Course Enrichment
_____ Liked the size of the college
_____ Offered the courses I wanted
_____ Liked the social atmosphere
_____ Advice of parents or relatives
_____ Wanted to be with friends
_____ Advice of High School Counselor, teacher, principal, etc.
_____ Was not admitted to the 4-year school to which I applied
PROOF OF IMMUNIZATION COMPLIANCE
Vaccine Requirements are applicable only to students born on or after January 1, 1957
(Louisiana R.S. 17:170 Schools of Higher Learning)

| Applicant’s Name (Last, First, Middle) | | |
|----------------------------------------|-----------------------------------------|
| Social Security Number | Date of Birth (Month/Day/Year) |

☐ Age Exempt *(Born on or before December 31, 1956)*

**OPTION 1 – Immunization Verification – PHYSICIAN’S STATEMENT:**

The above-named individual has been immunized as follows:

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR 1</td>
<td></td>
</tr>
<tr>
<td>MMR 2</td>
<td></td>
</tr>
<tr>
<td>Tetanus-Diphtheria</td>
<td></td>
</tr>
</tbody>
</table>

Meningococcal (Circle): Menomune or Menaetra Date: __________

Signature of Physician or Other Health Care Provider

Date

(Above space for Physician’s Address and/or Stamp)

**OPTION 2 – Submission of Immunization Record (by Student)**

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps, and tetanus-diphtheria.

Signature of **Student**

Date

Signature of **Parent/Legal Guardian (If student is under age 18)**

Date

**OPTION 3 – Request for Exemption (Measles, Rubella, Mumps, Tetanus-Diptheria)**

I understand that I may be excluded from campus and from classes in the event of an outbreak of any of the above-listed diseases until the outbreak is over or until I submit proof of immunization.

(Please mark one of the following choices and provide details.)

MEDICAL REASON – Physician’s statement

Signature of **Physician**

Date

PERSONAL REASON -

Signature of **Student (and parent/guardian if student is under age of 18)**

Date
OPTION 3 B – Request for Exemption (Meningococcal)
I have received and read the information below explaining meningococcal disease and the vaccines that are available to reduce the risks of getting this disease.

- I acknowledge that meningococcal disease is a rare, but life-threatening illness.
- I choose to waive receipt of meningococcal vaccine.
- I voluntarily agree to release, discharge, indemnify and hold harmless SLCC, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from my decision not to be immunized.

Signature of Student (and parent/guardian if student is under age of 18) ____________________________ Date ____________________________

MENINGOCOCCAL VACCINES: What You Need to Know
(Adapted from CDC: Vaccine Information Statement (VIS) – Meningococcal 10/7/05)

What is meningococcal disease?
- Meningococcal disease is a serious illness caused by a bacteria.
- It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.
- Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.
- About 2,600 people get meningococcal disease each year in the US. Of this number 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.
- Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

Meningococcal vaccine – There are two meningococcal vaccines available in the US:
- Meningococcal polysaccharide vaccine (MPSV4): Menomune has been available since the 1970s.
- Meningococcal conjugate vaccine (MCV4): Menaetra was licensed in 2005.
Both vaccines can prevent 4 types of meningococcal disease. Meningococcal vaccines cannot prevent all types of the disease. Both vaccines work well and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection. MCV4 should also be better at preventing the disease from spreading from person to person.

Who should not get meningococcal vaccine or should wait? Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of either meningococcal vaccine should not get another dose. Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. Tell your doctor if you have any severe allergies. Anyone who has ever had Guillain-Barre’ Syndrome should talk with their doctor before getting MCV4. Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.

What are the risks from meningococcal vaccines? A vaccine, like any medicine, could possible cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small. Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given. A small percentage of people who receive the vaccine develop a fever. Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare. A few cases of Guillain-Barre’ Syndrome, a serious nervous system disorder, have been reported among people who received MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

How can I learn more? For the complete VIS on this vaccine and any other vaccine go to: www.cdc.gov/nip and click on Vaccines, then on Vaccination Information Sheets; call your local or state health department; or visit CDC’ s meningococcal disease website at: www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal.htm.
REQUEST FOR HIGH SCHOOL/COLLEGE TRANSCRIPT

Please complete this form in BLACK INK by printing all information (except signature). This form is to be mailed or delivered by the student to the institution from which the student is requesting the transcript.

TO: Records Office of High School or College/University

Institution Name

Institution Address (Street, City, State, Zip Code)

Please send one copy of my official transcript (if high school, please also include ACT scores and immunization records) from your institution to:

Director of Admissions
South Louisiana Community College
320 Devalcout Street
Lafayette, LA. 70506

I attended your institution from __________________________ to _________________________

Month/Year                             Month/Year

under the name _______________________________________________________________________

My Social Security/student identification number is ____________________ and my date of birth is__________________.

My current mailing address is

____________________________________________________________________________________________
Street, City, State, Zip Code

____________________________________________________________________________________________

Signature                          Today’s Date

When you mail or bring in the completed transcript form, don’t forget the transcript fee (if any).

Effective 07/11
South Louisiana Community College is bound by FERPA requirements.

**FERPA**

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT**

**WHAT IS FERPA (Family Educational Rights & Privacy Act)?**

The Family Educational Rights and Privacy Act of 1974, as amended (also sometimes referred to as the Buckley Amendment), is a federal law regarding the **privacy of student records and the obligations of the institution**, primarily in the areas of release of the records and the access provided to these records. Any educational institution that receives funds under any program administered by the U.S. Secretary of Education is bound by FERPA requirements. Institutions that fail to comply with FERPA may have funds administered by the Secretary of Education withheld.

**FERPA for Parents**

**Grades, progress reports, exams, Financial Aid**

- Such things as progress in a course, deficiencies in a subject area, scores and grades on papers, exams, etc. are all examples of personally identifiable information that make up part of the student's education record.

*This information is protected under FERPA and parents may not have access unless the student has provided written authorization that specifically identifies what information may be released to the parent(s).*

**Access to student records**

- At the postsecondary level, *parents have no inherent rights to access or inspect their son or daughter's education records.*
- This right is limited solely to the student.
- At SLCC, records may be released to parents only if they have been given a written release by the student or in compliance with a subpoena.
STUDENT INFORMATION RELEASE FORM
PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

I hereby give permission to discuss or disclose information from my personal records regarding the following:

Please check all that apply:

- [ ] Education record Information
- [ ] Demographic Information
- [ ] Financial Record Information
- [ ] Transcripts
- [ ] Verification of Enrollment
- [ ] Grades

TO: ____________________________________________________  ________________________
       Name of Third Party  Phone Number of Third Party

______________________________________________________
Address of Third Party

______________________________________________________
City, State, Zip of Third Party

______________________________________________________
Student Name (Please print)

______________________________________________________  ________________________
Student’s Signature  Witness’ Signature

______________________________________________________  ________________________
Date  Date

Effective 07/11
Interested in applying for FINANCIAL AID**??

**Financial Aid includes Federal Pell Grant, TOPS, National Guard Tuition Exemption, Veterans Benefits, etc.

Currently, SLCC does NOT participate in student loan programs

Complete these two (2) forms electronically to get started:

1. South LA Community College’s FINANCIAL AID REGISTRATION FORM located at www.southlouisiana.edu - Click on Financial Aid
   (This form must be completed EVERY semester!!)

2. If applying for the Federal Pell Grant, complete the Free Application for Federal Student Aid (FAFSA) – located at www.fafsa.ed.gov
   SLCC’s School code: 039563
   (This form must be completed once a year)

3. For Pell applicants - A “status” letter from SLCC’s Office of Financial Aid will be mailed to you within approximately four (4) weeks.

Questions? Email us at financial_aid@southlouisiana.edu

Please Note:

If BOTH forms are not completed, your Financial Aid will NOT be processed.

Effective 07/11