



# Registration Form

Use blue/black ink and PRINT clearly. Select Semester: Fall      Spring      Summer      Year: \_\_\_\_\_

Student Name (Last, First, Initial)

Student ID # (LoLA)

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Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Continuing  New (or Returning)

Student Email: \_\_\_\_\_

	CRN (e.g., 11315)	Course Name/Number (e.g., Algebraic Foundations/Math 0083)		CRN (e.g., 11315)	Course Name/Number (e.g., Algebraic Foundations/Math 0083)
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Add <input type="checkbox"/> Drop		
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Add <input type="checkbox"/> Drop		
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Add <input type="checkbox"/> Drop		

**One Box MUST be selected to process this form:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Mutual Exclusion      | <input type="checkbox"/> DIVE Program             | <input type="checkbox"/> LPSO Corrections                      | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> 2nd 8-wk Restrictions | <input type="checkbox"/> NDT Program              | <input type="checkbox"/> Repeat Delete Limit Increase          |  |
| <input type="checkbox"/> High School           | <input type="checkbox"/> Paramedic Program (Navy) | <input type="checkbox"/> Other (Registrar's Approval Required) |  |

\_\_\_\_\_  
Dean or Department Chair Signature      Date      Other: \_\_\_\_\_

**Change of Major Request (New Students ONLY)**

Listed Major: \_\_\_\_\_ Change Major to: \_\_\_\_\_

\_\_\_\_\_  
Campus Code    TD    Associate      \_\_\_\_\_  
Campus Code    TD    Associate

**STUDENT ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION**

By signing below, I hereby acknowledge that I understand that South Louisiana Community College students become obligated to pay all tuition, fee, and associated charges at the time of their registration.

South Louisiana Community College expects students to meet their financial obligations in a timely manner and to understand that failure to do so will result in further action to collect the balance due. This may include the transfer of the balance due to the State of Louisiana Office of the Attorney General for collection. An individual with a transferred account is responsible for all collection charges including, but not limited to, attorney and court costs.

You further acknowledge that it is a student's responsibility to understand all College policies and procedures related to managing their registration and student account. These include the College's Add/Drop, Withdrawal, and Refund Policies.

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

**Increase Credit Load to:** \_\_\_\_\_  
\_\_\_\_\_  
Dean Signature      Student's GPA

**FOR OFFICE USE ONLY**

SSL Waiver: Recorded in SAAADMS      Change of Major (New Students ONLY)      Part-of-Term Error      \_\_\_\_\_

\_\_\_\_\_  
Registrar's Office      Date