

INTER-INSTITUTIONAL COOPERATIVE PROGRAM
Southern University-Baton Rouge – Louisiana State University
 APPLICATION FOR COURSE REGISTRATION AT SOUTHERN UNIVERSITY-BATON ROUGE- LOUISIANA STATE UNIVERSITY
 Please type or print.

Disclaimer: IF ANY OF THE FOLLOWING INFORMATION IS FALSIFIED, NO CREDIT WILL BE AWARDED.

_____ Fall _____ Spring _____ Summer Year: _____

1. Name _____
Last First Middle
2. Social Security Number _____ 3. Date of Birth _____
4. Present Mailing Address _____
Street and Number

City State Zip Parish
5. E-mail address _____
6. Telephone _____ 6. Sex: Male ___ Female ___ 7. Country of Citizenship: _____
8. Ethnic Group (check only one): Black/Non- Hispanic American Indian/Alaskan Native White/Non-Hispanic
Asian/Pacific Islander Hispanic Other
9. Total hours of college credit: ___ 1-29 ___ 30-59 ___ 60-91 ___ 92-above
10. Home Institution: () SUBR () LSU Program: _____
11. () Freshman () Sophomore () Junior () Senior () Graduate Graduation date: _____
12. Course(s) for which you wish to register:

Dept.	Course Title.	Course No.	Section No.	Days /Times Building	Hrs. Credit

13. Have you previously attended Louisiana State University? () Yes () No
 If yes, give first semester enrolled _____ Last semester enrolled _____
14. Are you currently enrolled in courses at your Home Institution? () Yes () No
15. Have you paid your fees at your home school? () Yes () No
16. Are you a candidate for degree this semester? () Yes () No
17. Do you receive VA Benefits? () Yes () No

I authorize Southern University to furnish a copy of my final grades to my home institution for purposes of posting my permanent academic records at the end of the term.

 Student Signature Date

The above named student has my permission to enroll in the course(s) listed on this registration form or as a co-operative enrollment student for the semester requested.

 Signature of Student's Dean Date

 Signature of Student's Advisor Date Office of the University Registrar

Registrar - SUBR