



SOUTHERN UNIVERSITY A&M COLLEGE
Application for Admission
INSTRUCTIONS

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

All cross enrollment program participants MUST complete and submit a separated cross-enrollment application for each semester enrolled. This application is available in the Dean's Office of the College of your Major.

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 section A
- Section B: 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 C: All applicants must complete this section. Check the appropriate box. If you are registered for Selective Service, make sure you indicate your Selective Service Number
- Section D: Check the appropriate box
- Section E: 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 F: Check all items that apply to verify residence
- Section G: Check the appropriate box
- Section H: Check the appropriate box
- 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
- Transcript Form: Request for High School/College Transcript
If student attended more than one college, you must complete the Request for Transcript Form and submit to appropriate institution(s) attended

SOUTHERN UNIVERSITY AND A&M COLLEGE
Baton Rouge, Louisiana 70813-9901
APPLICATION FOR UNDERGRADUATE ADMISSION
www.subr.edu

Deadlines to apply for Admissions and submit supporting documents: March 31 Fall Semester November 1 Spring Semester March 31 Summer Semester	FOR OFFICE USE ONLY			
	Money Order/ Credit Card	Date Received	Approved By	Input

DIRECTIONS: Read carefully before completing application. PRINT IN BLUE OR BLACK INK OR TYPE

1. Please enclose fee with application: \$20.00-U.S. Citizen, Permanent Resident, and Refugee with Evidence of Status; \$30.00-Non U.S. Citizen. (Application fee should be submitted as a Money order. No cash, drafts or personal checks accepted).
2. Submit all required documents or credentials to complete application (see section on general information)
3. Mail application to: Office of Admissions, PO Box 9454, Southern University, Baton Rouge, LA 70813-9454

A. ADMISSION STATUS (Check One)			
<input type="checkbox"/> Freshman <input type="checkbox"/> Graduate <input type="checkbox"/> Transfer <input type="checkbox"/> Continuing <input type="checkbox"/> Readmitted <input type="checkbox"/> Visiting Student			
Entry Date to University _____		Semester _____ Year _____	
Would you like to be contacted by E-Mail? <input type="checkbox"/> No <input type="checkbox"/> Yes E-mail Address: _____			
Would you like to be considered for academic scholarship(S)? Yes _____ No _____			
Attending Campus: <input type="checkbox"/> SUBR <input type="checkbox"/> SUSLA <input type="checkbox"/> SUNO			
SOCIAL SECURITY NUMBER		APPLICANT'S FULL NAME (Last, First, Middle)	
PERMANENT MAILING ADDRESS		PERMANENT CITY, STATE/COUNTRY ZIP CODE	
LOCAL STREET ADDRESS (NO P.O. Box Accepted)		LOCAL CITY, STATE/COUNTRY ZIP CODE	
HOME TELEPHONE NUMBER		DATE OF BIRTH	
PLACE OF BIRTH		SEX	
AREA CODE	NUMBER	MONTH DAY YEAR	COUNTRY
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMERGENCY CONTACT (Name of Person to Contact in Case of Emergency)			
_____	_____	_____	
Last Name	First Name	Relationship to Applicant	
_____	_____	_____	_____
Mailing Address	Parish	City	State Zip Code
RELIGIOUS PREFERENCE		U.S. MILITARY STATUS	
CITIZENSHIP		U.S. MILITARY STATUS	

Date of Active Duty

Month	Day	Year

(Indicate Religious Preference)

U.S. Citizen	<input type="checkbox"/>
U.S. Resident Alien	<input type="checkbox"/>
Non-Citizen	<input type="checkbox"/>
Citizen of what country?	_____

Veteran Non-Veteran

In conformance with title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000D and its implementing regulation at 34 C.F.R. Part 100 3(B)(2), the applicant is not REQUIRED to provide information regarding race or ethnicity. Such information is requested only on a voluntary basis and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

Asian American Indian or Alaskan Native Black, Non-Hispanic Hispanic Native Hawaiian or Other Pacific Islander White, Non-Hispanic Foreign/Non Resident Alien Race/Ethnicity Unknown Two Races

PARENT/GUARDIAN'S FULL NAME (Must Be Legal Guardian) DID PARENT GRADUATE FROM S.U?

_____ (Name at Left) Parent Guardian Yes No If yes, give year: _____

Name of High School _____
 High School Address _____ City/State _____ Date of High School Graduation _____
 Parish _____ "I do hereby authorize Southern University A&M College access to my high school academic records"
 Signature _____ Date _____

B. List below all colleges and universities attended, including Southern University in Baton Rouge

Institution	Location	Dates Attended	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently enrolled? Yes No If yes, give name of institution _____
 Previous major at Southern University _____
 Has applicant participated in the LSU/SU CO-OP Program? Yes No
 List your choice of major _____
 List the source of your financial support _____

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? No Yes

I understand that any falsification of any information may result in my not being accepted or in my being dismissed from Southern University A&M College

Signature _____ **Date** _____
 Applicant
Signature _____ **Date** _____

C. 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)

Not Applicable, indicate reason:

Female Under 19 years of age Excused from registration provided by federal law
A member of the armed forces on active duty Born before 1960 Other, please explain _____
 _____ Disabled Veteran

D. STUDENTS WITH DISABILITIES

Do you have a special condition which you feel may affect your academic or physical activities at SUBR?

No Yes. If so, please contact the Office Of Disability Services at (225) 771-3950 (V/TTD).

E. STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY

Southern University A&M 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 Southern University A&M 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 law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

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 that I give in this document is true, complete and accurate to the best of my knowledge.

I understand that admission to the university does not constitute admission to every program offered by the University. 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 Southern University A&M College. I hereby authorize Louisiana Public Postsecondary Education access to my academic records.

Signature of Applicant

Date

F. LOUISIANA RESIDENCY

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
- 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. DEMOGRAPHIC INFORMATION

- I do not wish to have my demographic information published.
- I hereby grant Southern University A&M College permission to release and publish my demographic information listed below:

NAME: _____

Last First Middle

LOCAL MAILING ADDRESS: _____
Street City State Zip Code

HOME ADDRESS (If different from above): _____

H. UNDERGRADUATE DEGREES OFFERED (PLEASE CHECK ONE)

COLLEGE OF AGRICULTURAL, FAMILY AND CONSUMER SCIENCES

- Bachelor of Science in Agricultural Sciences
- Bachelor of Science in Family and Consumer Science
- Apparel Merchandising and Interior Design
 - Child Development
 - Dietetics
 - Food Service and Management
- Bachelor of Science in Urban Forestry

COLLEGE OF ARTS AND HUMANITIES

- Bachelor of Arts in English
- Bachelor of Arts in Mass Communication
 - Broadcasting
 - Print
 - Public Relations

COLLEGE OF BUSINESS

- Bachelor of Science in Accounting
- Bachelor of Science in Finance
- Bachelor of Science in Business Management
- Bachelor of Science in Marketing

COLLEGE OF EDUCATION

- Bachelor of Science in Elementary Education
- Bachelor of Science in Middle School Education
- Bachelor of Science in Secondary Education
- Bachelor of Science in Therapeutic Recreation and Leisure Studies

COLLEGE OF ENGINEERING

- Bachelor of Science in Civil Engineering
- Bachelor of Science in Electrical Engineering
- Bachelor of Science in Electronics Engineering Technology
- Bachelor of Science in Mechanical Engineering

COLLEGE OF SCIENCE

- Bachelor of Science in Biology
- Bachelor of Science in Chemistry
- Bachelor of Science in Computer Science
 - Business
 - Scientific
- Bachelor of Science in Psychology
- Bachelor of Science in Speech Pathology and Audiology
- Certificate of Hazardous Material Management

SCHOOL OF ARCHITECTURE

- Bachelor of Architecture

SCHOOL OF NURSING

- Bachelor of Science in Nursing
- Online RN-BSN Nursing

NELSON MANDELA SCHOOL OF PUBLIC POLICY AND URBAN AFFAIRS

- Bachelor of Arts in Political Science
- Bachelor of Science in Criminal Justice



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 for which the student is requesting the transcript.

TO: Records Office of High School or College/University

Name of Institution

Institution Address (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:

Office of Enrollment Services
Southern University A&M College
P.O. Box 9454
Baton Rouge, LA 70813

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

Date

When you mail or bring in the completed transcript form, do not forget the transcript fee



**SOUTHERN UNIVERSITY A&M COLLEGE
OFFICE OF ENROLLMENT SERVICES
P.O. BOX 9454
BATON ROUGE, LA 70813
www.subr.edu**

**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 Full Name (Please Print)

Student's Signature

Witness' Signature

Date

Date



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Southern University A&M 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 (FERPA) also known as the Buckley Amendment, is a set of federal regulations established in 1974 that makes four (4) specific guarantees to college students regarding the privacy of their education records. They are:

- The right to inspect and review education records
- The right to seek to amend education records
- The right to have some control over the disclosure of information from those education records
- The right to file a complaint against any institution for the alleged violation of these FERPA rights

FERPA FOR STUDENT

- Students have a right to know about the purposes, content and location of information kept as part of their educational records
- Students have a right to gain access to and challenge the content of their educational records
- Student have a right to expect that information in their educational records will be kept confidential, disclosed only with their permission or under provisions of the law
- Students have a right to permit or prevent disclosure of certain information in their educational records

FERPA for Parents

- Parents have a right to expect confidentiality of certain information about them in student records
- Parents may inspect and review education records if the student is a “dependent student” as defined in Section 152 of the Internal Revenue Code. Parent must provide the Registrar’s Office with proper documentation
- At Southern University A&M College, Baton Rouge Campus, records may be released to parents only if they have been a written release by the student or in compliance with a subpoena