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
Applications for undergraduate admission should be submitted online at www.subr.edu. Deadlines to apply for Admissions and submit supporting documents:

- March 31 …………………....……… Fall Semester
- November 1 ………………...…….Spring Semester
- March 31 ……………………… Summer Semester

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)

- Freshman
- Graduate
- Transfer
- Continuing
- Readmitted
- Visiting Student

Entry Date to University: ___________________ Year ________________
Would you like to be contacted by E-Mail? □ No □ Yes E-mail Address: ____________________________
Would you like to be considered for academic scholarship(s)? Yes _______ No _______
Attending Campus: □ SUBR □ SUSLA □ 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 □ MALE □ 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

Date of Active Duty

Month Day Year

(Indicate Religious Preference)

□ Veteran □ Non-Veteran

Citizen of what country?
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)

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>(Name at Left)</th>
<th>Parent</th>
<th>Guardian</th>
<th>Yes</th>
<th>No</th>
<th>If yes, give year: __________</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>High School Address</th>
<th>City/State</th>
<th>Date of High School Graduation</th>
<th>Parish</th>
<th>“I do hereby authorize Southern University A&amp;M College access to my high school academic records”</th>
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Signature ___________________________ Date __________________

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

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Date Graduated</th>
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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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

**F. LOUISIANA RESIDENCY**

- [ ] 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 have been living and employed in Louisiana for more than one year (Indicate dates):
  - My spouse has been employed in Louisiana for more than one year (Indicate dates):
  - I am a member of the US Armed Services (Indicate dates):
  - As a member of the US Armed Services, I was stationed in Louisiana (Indicate dates):
  - I am a dependent of a member of the US Armed Services stationed in Louisiana (Indicate dates stationed in Louisiana):

**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:**

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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**LOCAL MAILING ADDRESS:**

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<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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
- 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
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
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