

**INTER-INSTITUTIONAL COOPERATIVE PROGRAM**

**Southern University-Baton Rouge – Southeastern Louisiana University**

APPLICATION FOR COURSE REGISTRATION AT SOUTHERN UNIVERSITY-BATON ROUGE- SOUTHEASTERN LOUISIANA 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 ( ) SELU 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 Southeastern Louisiana 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

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/Director of Admissions

**Registrar - SUBR**