INTER-INSTITUTIONAL COOPERATIVE PROGRAM
Louisiana State University – Southern University

APPLICATION FOR COURSE REGISTRATION AT LOUISIANA STATE UNIVERSITY OR SOUTHERN UNIVERSITY

The Social Security Number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by Louisiana State University (LSU) to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services, such as transcripts, enrollment verification, tax reporting, financial aid, and other services may not be available to you. Your SSN will be stored in a central system and used only for official reporting and record keeping. It will not be used as the primary source to identify you within the LSU System. The LSUID will be used as the primary identifier.

1. NAME (Last, First, Middle/Maiden) (ONE LETTER PER BLOCK, ONE BLOCK BETWEEN NAMES)

2. LSUID/SSN

3. BIRTHDATE

4. SEX: ☐ Male ☐ Female

5. CITZENSHIP _____

6. LOCAL MAILING ADDRESS (NUMBER, STREET, APT. NUMBER)

CITY STATE

PARISH

ZIPCODE

Local Telephone Number: _____

Email Address: _____

7. RACE – SELECT ALL THAT APPLY

_____ AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC

_____ NATIVE HAWAIIAN OR PACIFIC ISLANDER _____ WHITE

8. TERM YOU WISH TO REGISTER: ( ) FALL ( ) SPRING ( ) SUMMER 20 _____

9. HOME INSTITUTION: ( ) LSU ( ) SOUTHERN COLLEGE OF ENROLLMENT: _____ MAJOR _____

10. YEAR CLASSIFICATION: ( ) FRESHMAN ( ) SOPHMORE ( ) JUNIOR ( ) SENIOR ( ) GRADUATE

11. REGISTRATION FOR NO MORE THAN ONE COURSE IS AUTHORIZED, EXCEPT IN THE CASE OF STUDENTS ENROLLED IN FORMAL COOPERATIVE PROGRAMS. COURSE(S) FOR WHICH YOU WISH TO REGISTER:

DEPT	COURSE TITLE	COURSE NO.	SECTION	HRS. CREDIT	TIME & DAYS	BUILDING & ROOM NUMBER

12. HAVE YOU PREVIOUSLY ATTENDED SOUTHERN UNIVERSITY, BATON ROUGE? ( ) YES ( ) NO
IF YES, GIVE FIRST SEMESTER ENROLLED _____ LAST SEMESTER ENROLLED _____

13. HAVE YOU PREVIOUSLY ATTENDED LOUISIANA STATE UNIVERSITY, BATON ROUGE? ( ) YES ( ) NO
IF YES, GIVE FIRST SEMESTER ENROLLED _____ LAST SEMESTER ENROLLED _____

14. ARE YOU A CANDIDATE FOR DEGREE THIS SEMESTER: ( ) YES ( ) NO

I AUTHORIZE LOUISIANA STATE UNIVERSITY / SOUTHERN UNIVERSITY TO FURNISH A COPY OF MY FINAL GRADES TO MY HOME INSTITUTION FOR PURPOSES OF POSTING TO MY PERMANENT ACADEMIC RECORD 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 AS A CO-OPERATIVE ENROLLMENT STUDENT FOR THE SEMESTER REQUESTED.

_____
SIGNATURE OF STUDENT'S DEAN DATE

_____
OFFICE OF THE UNIVERSITY REGISTRAR DATE

WHITE: REGISTRAR-HOME INSTITUTION PINK: STUDENT COPY GOLD: DEAN'S COPY