



COLLEGE CONNECTION
PARTNERSHIP
Intent to Participate Form

Section I. Personal Information

Name _____ High School _____

Overall High School GPA _____ ACT English _____ ACT Math _____ ACT Composite _____

SAT Verbal Score, if any _____ SAT Math Score, if any _____

Social Security Number _____ Date of Birth ____________

Street Address _____

City _____ State _____ Zip _____

Cell Phone # (____) _____ Alternate Phone # (____) _____

Email address: _____

Section II. Program Data

I will be attending the College Connection Partnership Program at Southern University Baton Rouge:

Semester: Fall 2012 Spring 2013 Summer 2013

By signing this form, you are entering into an agreement with Southern University Baton Rouge (SUBR) and Southern University Shreveport (SUSLA). You are admitted to SUBR upon completion of 18 or more transferable semester hours with a minimum cumulative grade point average of 2.0 AND upon completion of College English and/or College Algebra.

I authorize the release of my transcripts, admissions information, and grades to my college of choice and to SUBR throughout the term of this agreement.

Signature _____ Date _____

For Office Use Only (SUBR)

Date Received: _____

Date Sent from SUBR: _____

SUBR Staff: _____

SUBR Student ID #: _____

For Office Use Only (SUSLA)

Date Received: _____

CC Staff: _____

CC Student ID #: _____