

Dual Enrollment Program

Louisiana State University

This application must be completely filled out and given approval by the principal or school designee for you to be considered for this program. Once complete, please submit a copy of your official high school transcript and test scores with this application. Return to Office of Enrollment Management, 1146 Pleasant Hall, Baton Rouge, LA 70802.

The student is financially responsible for all courses taken. You can find more information regarding Tuition and Fees here: www.bgtplan.lsu.edu/fees.htm.

Please type or print in dark ink.

I. TO BE COMPLETED BY STUDENT:

- A. College Semester/Term of Application: Fall Spring Year: 20____
- B. Is this your first semester participating in the Dual Enrollment Program? Yes No
- C. Last Name: _____ First Name: _____ Middle Name: _____
- D. Other names you might have used: _____
- E. Gender: Female Male
- F. Social Security Number (Required): ____ - ____ - ____
- G. Date of Birth: Month: ____ Day: ____ Year: ____
- H. Mailing Address: _____

Street or P.O. Box

City

State

Zip Code

I. Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

J. In case of emergency, notify: _____ (____) _____

Last Name

First Name

Relationship

(Area Code) Phone Number

K. Are you a United States Citizen? Yes No If no, country of citizenship: _____

L. Ethnicity/Race: This information is voluntary and the information will be used for federal and/or state law reporting purposes in a nondiscriminatory manner consistent with civil rights laws.

- American Indian/Alaskan Native Asian/Pacific Islander Black (Non-Hispanic)
 Caucasian (Non-Hispanic) Hispanic (Mexican-American) Other

M. CERTIFICATION:

- I certify that all information I have provided in this application is correct.
- If I am approved for participation in the Dual Enrollment Program, I will comply with all the requirements.
- I understand that I am enrolling as a Visitor/Guest Student at Louisiana State University. Upon graduation from high school, if I desire to enroll at LSU, I will apply for admission as a regular student and meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I enroll through the Dual Enrollment Program will be on my permanent high school and college academic records.
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my high school and college academic records.
- I acknowledge that I am enrolling in the course listed on the back of this form and also understand that **it is my responsibility to OFFICIALLY WITHDRAW or DROP** a class I decide not to complete by the college/university published deadline. If I withdraw, I may not be eligible for participation in the Dual Enrollment Program next year.

Student Signature

Date

II. CERTIFICATION – TO BE COMPLETED BY PARENT/GUARDIAN:

- I certify that all information provided on this application is correct.
- If my child is approved for participation in the Dual Enrollment Program, he/she will comply with all the requirements.
- I understand that the college courses and high school and college grades earned in those courses in which my child enrolls through the Dual Enrollment Program will be on my child’s permanent high school and college academic record.
- I understand that the grades my child earns on college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs, including TOPS, to determine his/her continuing eligibility for those programs. See TOPS Q&A Q.150-151 located in TOPS section of www.osfa.la.gov.
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child’s high school and college academic records.

 Parent/Guardian Signature Date

III. TO BE COMPLETED BY HIGH SCHOOL:

A. COURSE ENROLLMENT REQUEST: The High School Principal (or designee) must indicate the college course in which the student has permission to enroll and the respective high school course in which the student will receive high school credit.

College Course Dept/Number	College Course Title	College Credits Max of 3	High School (LDE) Course Number	High School Course Title	High School Units

- B. Name of High School: _____
- C. ACT HS Code: _____ Public High School Non-public High School Home School
- D. Current School Year: 20__ - 20__ 1st Semester 2nd Semester
- E. Student’s current grade level: 11th Grade 12th Grade Number of Carnegie Units Completed: _____
- F. Student is on track for completing (by graduation from high school) the required high school core Curriculum: Yes No
- G. A copy of this student’s PLAN, ACT or SAT scores is attached.
- H. Student has has not previously participated in the Dual Enrollment Program.
- I. Student earned a grade of ___ in the last college course in which he/she was enrolled for participation in the Dual Enrollment Program. He/she was enrolled in this course in _____ semester of _____.

J. CERTIFICATION:

I certify that the student completing this application has permission to participate in the Dual Enrollment Program and that the information provided for this student by the high school is correct.

 Signature of Principal or Designee Date

IV. CERTIFICATION – TO BE COMPLETED BY LOUISIANA STATE UNIVERSITY:

I certify that I have reviewed this application and the student’s scores on the PLAN, ACT, SAT; that student meets all Dual Enrollment Program and college/university requirements to be enrolled in the course listed in Section III.A. of this application.

 Signature of College/University Official Date