

Registrar-Home Institution

LSU - Baton Rouge Community College CROSS ENROLLMENT REGISTRATION FORM Please type or print.



Dean/Academic Affairs

Student

	Application for:	☐ Fall	☐ Sprin	g	Summer		
. 1	Name	Last			First		Middle
. 1	Social Security Number			3. Date of Birth	i	/	/
	*				Month	Day	Year
]	Present Mailing Address	elamore disconnections		Street and Num	per		
	City E-mail address		State		Zij	p	Parish
	Telephone			Male	☐ Female	8. Country of	Citizenship:
	Ethnic Group (check on	ly one):	Black/Non-Hispanic Asian/Pacific Islander	American In	dian/Alaskan Nati		-Hispanic sh to indicate an ethnic group
		Name of Hig	h School		City, State or	r Country	Date of Graduation
	List each college attende				Month/Year	Month/Year	
	•			From		То	Degree Awarded
				-		То	Degree Awarded
						То	Degree Awarded
	to register: Dept.	Course Titl		Section	Hrs. Credit	Time & Days	ams. Course(s) for which you wis
-	Борг.						Room Number
			·				
. :	-		Rouge Community College) No	
	If yes, give first ser	mester enrolled	i La	st semester enroll	ed		
	Have you previously attended Louisiana State University - Baton Rouge? () Yes () No If yes, give first semester enrolled Last semester enrolled						
	If yes, give first semeste	er enrolled	Last ser	nester enrolled _	<u> </u>		
	Are you a candidate for						
utl	norize Louisiana State U anent academic records	niversity/Bato at the end of t	n Rouge Community Colle he term.	ege to furnish a co	opy of my final gr	ades to my home institu	ution for purposes of posting to my
					S	Student Signature	Date
ne :	above-named student ha	as my permissi	on to enroll in the course(s)) listed on this reg	sistration or as a co	o-operative enrollment	student for the semester requested
	15 (K)				S	ignature of Student's I	Dean Date
_						·	
pı	ovedOffice of Underg	raduate Admis	ssions Date		¥	Office of the University	ity Registrar Date

Registrar-Co-op Institution