

LSUE | Academy

APPLICATION

Complete and email to the Director of Academy at scormier@lsue.edu

I. PERSONAL INFORMATION

FULL LEGAL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Providing your Social Security Number is not mandatory. If you choose to omit your SSN, you WILL NOT receive financial aid (TOPS, grants, or loans), and you will be responsible for providing your own high school transcript. Additionally, the amount of time necessary to process your application will be increased substantially. LSU Eunice keep all SSN's private and safe, and it is beneficial for you to provide it on your application.

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

ADDRESS LINE 1

ADDRESS LINE 2 (APT or LOT #)

CITY

STATE

ZIP

COUNTRY

TELEPHONE NUMBER (###-###-####)

MOBILE NUMBER (###-###-####)

EMAIL

CONFIRM EMAIL

II. ENROLLMENT INFORMATION

SEMESTER AND YEAR YOU PLAN TO ENTER:

SUMMER 2017

FALL 2017

STUDENT HAS HAS NOT PREVIOUSLY PARTICIPATED IN THE LSUE ACADEMY

LIST BELOW THE NAME(S) OF ANY OTHER COLLEGE OR UNIVERSITY FROM WHICH THE STUDENT HAS EARNED DUAL CREDIT IN A PREVIOUS SEMESTER:

III. BIOGRAPHICAL INFORMATION

Ethnic Group and Race - New Ethnic and Race data collection requirements follow the NCES Standard 1-5. For more information on Ethnic Group and Race data collection, please visit <http://nces.ed.gov/ipeds/reic/resource.asp>.

Hispanic, Latino, or of Spanish Origin means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Are you Hispanic, Latino, or of Spanish Origin? YES NO

SELECT one or more races from the following racial groups that you would use to identify yourself:

I am Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

I am American Indian or Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

I am Black or African American

A person having origins in any of the black racial groups of Africa.

I am Native Hawaiian or other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I am White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Sex: FEMALE MALE

ADDITIONAL INFORMATION:

RESIDENT PARISH

HIGH SCHOOL CODE ([LOOK UP CODE](#))

PROGRAM OF STUDY

STUDENT CERTIFICATION:

- I understand that, once registered in a LSUE Academy class, I am an LSUE student subject to all rules, policies, and procedures required for all LSUE students as explained in the LSUE Catalog, Student Handbook, or other official announcement.
- I understand that I am enrolling as a LSUE Academy Student at LSUE. If I desire to enroll at LSUE after high school graduation as a regular, degree-seeking student, I must apply for admission as a regular student.
- I understand that the high school and college grades earned in LSUE Academy courses will be on my permanent high school and college academic records.
- I understand that the grades I earn in LSUE Academy college courses will be used by other programs, including TOPS, to determine my continuing eligibility for those programs.
- I hereby authorize my high school authorities, my school district authorities, and LSUE to exchange and discuss my academic records for any purposes related to my eligibility for, documentation pertaining to, or participation at LSUE.
- I understand that it is my responsibility to OFFICIALLY WITHDRAW from, by LSUE's published deadline, any class I decide not to complete.
- I understand that filling out this application does not guarantee my admission to LSUE as a LSUE Academy student or that, once admitted, I will be registered in the class(es) I have selected.

SIGNATURE

DATE

PARENT CERTIFICATION FOR DUAL CREDIT PARTICIPATON AT LSU EUNICE (for student under the 18 years of age)

- As a legal guardian, I grant permission to allow this student to receive credit from LSUE.
- I understand that the grades my dependent earns will be on a permanent college transcript of record and will be used by other programs, including TOPS, to determine continuing eligibility for those programs.
- I acknowledge that it is my dependent's responsibility to follow published LSUE guidelines if it becomes necessary to OFFICIALLY WITHDRAW from a class.
- I hereby authorize authorities from my dependent's high school, my dependent's school district, and LSUE to exchange and discuss my dependent's academic and student records for any purpose related to my dependent's eligibility for, documentation pertaining to, or participation at LSUE.

SIGNATURE

DATE

Please review your information before submitting. Once submitted, you cannot make changes unless you contact the Office of Admissions.

Email completed form to the Director of the Academy
scormier@lsue.edu