



Office of the Registrar
8100 Hwy. 71 South
Alexandria, La 71302
Phone: (318) 473-6424

Concurrent Enrollment Form

Louisiana State University at Alexandria (LSUA)
Louisiana State University at Eunice (LSUE)

APPLICATION FOR REGISTRATION AT LSUE FOR LSUA STUDENT

The Social Security Number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by LSUA to verify your identity for official record keeping and reporting. If you choose not to supply you 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 LSUA system. Your LSUA ID will be used as the primary identifier.

Name (Last, First MI)		SSN (or LSUA ID, if LSUA student)			
Birthdate	Citizenship	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>			
Local Mailing Address (Number, Street, Apt. Number)					
City	State	Parish	Zip Code		
Local Phone Number	Email Address (non-LSUA)	LSUA Email Address			
Race – Select all that apply:					
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Islander
Term You Wish to Register: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____ (Year)					
Year Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior					
Select Course(s) you wish to Register:		Choose A Class Section			

ACT Scores:

Math _____ English _____

Have you previously attended LSUE? Yes No

If yes, give the first semester enrolled _____ Last Semester Enrolled _____

Have you previously attended LSUA? Yes No

If yes, give the first semester enrolled _____ Last Semester Enrolled _____

Are you a candidate for degree this semester? Yes No

BY SIGNING BELOW, I UNDERSTAND THAT:

ALL OF MY TITLE IV FEDERAL AID WILL BE AWARDED AND PROCESSED THROUGH LSUA (*HOME SCHOOL*). I ACKNOWLEDGE THAT I MUST BE REGISTERED FOR CLASSES BOTH AT LSUA AND LSUE *AT THE SAME TIME* TO RECEIVE FULL FINANCIAL AID AWARD FROM LSUA.

I MUST PROVIDE A COPY OF MY REGISTRATION OR CLASS SCHEDULE FROM **LSUE** (*HOST SCHOOL*)

IF I DROP BELOW SIX CREDITS FOR THE ENTIRE TERM, INCLUDING HOURS TAKEN AT LSUA AND LSUE, MY AID MAY BE REDUCED OR CANCELED, POSSIBLY CREATING A BALANCE ON MY STUDENT ACCOUNT AT **LSUA** AND/OR **LSUE**.

COURSES TAKEN AT LSUA AND LSUE WILL COUNT TOWARDS SATISFACTORY ACADEMIC PROGRESS.

IT IS MY RESPONSIBILITY TO PROVIDE AN OFFICIAL TRANSCRIPT TO **LSUA** (*HOME SCHOOL*) FROM **LSUE** (*HOST SCHOOL*) AT THE END OF EACH TERM.

IT IS MY RESPONSIBILITY TO REPORT ENROLLMENT CHANGES DURING THE TERM. IF I DROP ALL COURSES AT BOTH SCHOOLS, **LSUA** (*HOME SCHOOL*) WILL PERFORM A RETURN TO TITLE IV FUNDS CALCULATION AND MAY RETURN FUNDS TO FEDERAL ACCOUNTS, POSSIBLY RESULTING IN A BILL ON MY STUDENT ACCOUNT.

MY FINANCIAL AID WILL BE DISBURSED ACCORING TO THE **LSUA** (*HOME SCHOOL*) DISBURSMENT SCHEDULE.

I AM RESPONSIBLE FOR PAYING TUITION, FEES, AND OTHER CHARGES AT **LSUE** (*HOST SCHOOL*).

I AUTHORIZE **LSUE** (*HOST SCHOOL*) TO FURNISH AN OFFICAL TRANSCRIPT TO **LSUA** (*HOME INSTITUTION*) FOR PURPOSES OF POSTING TO MY ACADEMIC RECORD AT THE END OF THE TERM.

Student Signature

Date

The above student has my personal permission to enroll in the course(s) listed in this Registration Form as a concurrently enrolled student for the semester requested.

Signature of Student's Advisor

Date