

2017-2018 HIGH SCHOOL DUAL ENROLLMENT PROGRAM

University of Louisiana at Lafayette

University Connection • P.O. Box 43370 • Lafayette, LA 70504-3370 • (337) 482-6729

APPLICATION FOR HIGH SCHOOL DUAL ENROLLMENT

Social Security Number _____ - _____ - _____ If U.S. Social Security number is unavailable, a student identification number will be assigned.

Last Name	First	Middle	Former last names used on transcripts
Current Mailing Address-Street		City, State, Country	Zip
Current Telephone	Date of Birth (MM-DD-YY)	Religion (optional)	
Permanent/Home Mailing Address if Different from Above		City, State	Zip
Home Telephone	Home Parish/County	Home State/Country	
Birthplace (City, State, Country)		E-mail	

ETHNICITY:

Ethnic Origin (Please check one)

- Hispanic or Latino
 Non-Hispanic or Non Latino

Race

- White
 Asian
 American Indian/Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Other (specify) _____

GENDER

- Male
 Female

CITIZENSHIP:

- U.S. Citizen
 Permanent Resident, Immigrant
 Alien Number _____
 Refugee Status
 Non U.S. Citizen
 Visa Type _____

Application Term: Summer 2017 Fall 2017 Spring 2018
Is this your first semester in the Dual Enrollment Program Yes No

<p style="font-size: 1.5em; font-weight: bold; margin: 0;">HSDE</p> <p style="margin: 0;">Non-degree Seeking Area</p>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;">ND_HSDE</p> <p style="margin: 0;">Non-degree Code</p>
---	--

STUDENT CERTIFICATION:

1. I certify that all information I have provided in this application is correct.
2. I have received a copy of the Dual Enrollment Criteria and agree to all terms and tuition policies.
3. I understand all the costs associated with the program and I am responsible for all tuition costs, parking, books and course fees.
4. If I am approved for participation in the Dual Enrollment Program, I will comply with all the requirements.
5. I understand that I am enrolling as a Visiting/Guest Student at UL Lafayette. Upon graduation from high school, if I desire to enroll at UL Lafayette, I must meet the admission requirements.
6. I understand that the college courses and grades earned in those courses in which I enroll through the Dual Enrollment Program will be on my permanent college academic records.
7. I understand that the grades I earn on college courses in which I enroll through the Dual Enrollment Program will be used by other programs, including TOPS, to determine my continuing eligibility for those programs. See TOPS Q&A Q.150-151 located in TOPS section of www.osfa.la.gov.
8. I authorize UL Lafayette, my high school, my school district, the Louisiana Board of Regents, the Louisiana Department of Education, and the Louisiana Office of Student Financial Assistance access to my high school and college academic record. I further authorize my high school and UL Lafayette to exchange my academic information (i.e. transcript) for any purpose related to my eligibility or participation in this program.
9. I acknowledge that I am enrolling in college courses 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 to continue in the Dual Enrollment Program next semester.

Student Signature

Date

Do not write in this space

APPLICATION FEE:

\$25 U.S. Applicant
 \$30 International Applicant
 \$ _____

Method: _____

OFFICE USE ONLY

GENDER

LO PAR

HO PAR

HOME CODE

COUNTRY

RELIGION

ETHNTYPE

APPLNTYPE

HS CODE

COL CODE:

1. _____

2. _____

3. _____

4. _____

5. _____

MAJOR/AWARD

APLN TERM

APCTTYPE

CLASS

RESIDENCY

SELR

This section must be completed by any applicant who is required to register in accordance with the Military Selective Service Act. I am registered with the Selective Service System. Yes No Not Applicable, indicate reason:

_____ under 18 years of age
_____ excused from registration provided for by federal law
_____ a member of the armed forces on active duty
Other _____

EMERGENCY CONTACT PERSON (Parent, Guardian, or other):

_____	_____	_____
Name	Relationship	Email
_____	_____	_____
Address	Telephone (Daytime)	(Evening)

TO BE COMPLETED BY PARENT/CUSTODIAN (GUARDIAN)

PARENT CERTIFICATION:

- I certify that all information provided on this application is correct.
- I have received a copy of the Dual Enrollment Criteria and agree to all terms and tuition policies.
- If my child is approved for participation in the Dual Enrollment Program, he/she will comply with all the requirements.
- I understand all the costs associated with the program and that my child is responsible for all tuition costs, parking, books and course fees..
- I understand that the college courses and college grades earned in those courses in which my child enrolls through the Dual Enrollment Program will be on my child's permanent 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 authorize UL Lafayette, my student's high school, their school district, the Louisiana Board of Regents, the Louisiana Department of Education, and the Louisiana Office of Student Financial Assistance access to my student's high school and college academic record. I further authorize my student's high school and UL Lafayette to exchange their academic information (i.e. transcript) for any purpose related to their eligibility or participation in this program.

Parent/Custodian (Guardian) Signature Date

TO BE COMPLETED BY HIGH SCHOOL:

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

HIGH SCHOOL 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