



FIRST TIME FRESHMAN APPLICATION REQUEST



NAME

ULID (C*****)

Yes, I want a Fall _____ application submitted to UL Lafayette.

I plan on majoring in _____

Signature

Date

Please return this form to:

University Connection University of Louisiana at Lafayette

MARTIN HALL 169

PO Box 43370

Lafayette LA 70504-3370

Phone: 337-482-6729

Fax: 337-482-1205

For office use only

Date Entered: _____

Entered by: _____

Signature: _____