



Age 55+ Application Packet

Attached is everything you need to become admitted and registered for an undergraduate course.

1. **Admission Form** - \$20 application fee. If you are not enrolled for two consecutive quarters, you will have to reapply and pay this fee again. Please make your check payable to **Louisiana Tech University**.
2. **Registration Form** – Indicate which class you would like to enroll in. This link <http://www.latech.edu/registrar/racingform.shtml> will take you to a Schedule of Classes. The columns with the titles “Subj.” and “No.” provide the course name. For example, for Accounting 201, the Subj. is ACCT, and the No. is 201. The column with the title “Sect. No.” is the course section number; and the column with the title “SCH” is the number of credit hours.
3. **Vehicle Registration Form** – fee depends on quarter you begin classes and is payable to Louisiana Tech (\$20 Fall Quarter, \$15 Winter Quarter, \$10 Spring Quarter, or \$5 Summer Quarter). Parking stickers are good from August to August and are available at the Traffic Office in South Hall on Hergot Avenue. Their telephone number is 257-2921.
4. **Tech I.D.** – When the quarter begins you may go to the Tech Express Office which is located at the end of the Student Center building. You will need this I.D. to use the Library; it also will permit you to use Lambright Intramural Center, the Natatorium, and enables you to attend athletic events, such as football or basketball games, as a student at no extra charge.

Please mail the admission form & fee, and the registration form to Joan Edinger in Admissions and she will take care of getting you registered. If you are taking a regular 3-credit hour class, you may go ahead and enclose a check for \$39.00. If you are taking an online class or will be registered for more or less than three credit hours, Mrs. Edinger will call you when you are registered and let you know the amount of your fees. If you have questions, please call:

Joan Edinger
Associate Director of Admissions
Louisiana Tech University
P.O. Box 3178
Ruston, LA 71272
318.257.3036
jedinger@latech.edu



LOUISIANA TECH UNIVERSITY
A member of the University of Louisiana System

**By completing this application, full time, main campus students are automatically considered for scholarships.*

RETURN TO: Admissions Office • P.O. Box 3178 • Ruston LA • 71272-0001

Non-refundable Application Fee: Payable by _____check _____money order

U.S. Citizen \$20.00

International \$30.00

Student Information (please print)

Social Security Number: - -

Legal name: _____
Last First Middle or Maiden

Preferred name: _____ male female E-mail address: _____

Permanent home address: _____
Number and Street

City Parish/County State ZIP

Current mailing address: _____
Number and Street City State ZIP

If you have been living at your present address less than two years, list your previous address. (attach addendum if necessary)

Number and Street City State Since: month _____ year _____

Home phone: (_____) _____ Mobile phone: (_____) _____

Place of birth: _____ Date of birth: _____ U.S. Citizen yes no
City State Month/Day/Year

Marital status: single married (required for residence hall application) Religious preference (optional) _____

Admissions Information

Enrolling Quarter: yr. _____
 Fall
 Winter
 Spring
 Summer

Classification:
 New Freshman
 Readmission
 Transfer
 Visiting
 Concurrent/Early Admission
 Post-Baccalaureate

Campus Enrolling:
 Main campus
 Barksdale
 Online Campus
(applies only if ALL coursework is online)

Housing:
 On campus
 Off campus
 At home
(If you are planning to live in campus housing, you must complete a residence hall application.)

Ethnicity: (optional)
 White, Non-Hispanic
 Black/African-American
 American Indian or Alaskan
 Asian or Pacific Islander
 Hispanic
 Non-resident Alien
(If you have a resident alien card, attach copy.)

I am interested in the following area(s) of performing arts:
 Band Keyboard
 Choir Orchestra
 Guitar Theater

Proposed major _____

Name _____
First Middle Last

Address _____
Number & Street

City _____ State _____ ZIP _____
City State ZIP

Home # (_____) _____
 Work # (_____) _____
 E-mail address _____

Father Stepfather Guardian Spouse
 Louisiana Tech Graduate Year _____

Mother Stepmother Guardian Spouse
 Louisiana Tech Graduate Year _____

Test Scores (copy of scores must be submitted)

ACT Date Taken: _____ English: _____ Math: _____ Reading: _____ Science: _____ Composite: _____
 SAT Date Taken: _____ Verbal: _____ Math: _____ TOEFL (if taken): _____ Date Taken: _____ Score: _____
 Check here if you plan to retake ACT, SAT or TOEFL. Which test and when? _____

Academic Information

List the high school you graduated or will graduate from and ALL colleges attended or currently attending, including Louisiana Tech.
 (Attach a separate sheet if more space is needed)

Name, City & State of Last High School Attended:		Did you (or will you) graduate from high school? <input type="checkbox"/> Yes Year of Graduation _____ <input type="checkbox"/> No <input type="checkbox"/> GED		
Name of College	City and State	Dates Attended (Mo./Yr - Mo./Yr)	Hours/Credits	Degree Earned

HAVE YOU EVER BEEN DISMISSED, DROPPED OR SUSPENDED FROM ANY COLLEGE OR UNIVERSITY?

Yes (If yes, where _____ and when _____) No

Selective Service

I hereby swear or affirm under penalty of perjury in accordance with the requirements of the Military Selective Service Act, and the requirements of Louisiana state law R.S. 17:3151 that:

I am registered with the Selective Service System: (check one) Yes No

Not Applicable, indicate reason:

- ___ Under 18 years of age
- ___ Female
- ___ Member of the armed forces on active duty
- ___ Born before 1960
- ___ Other. Explain: _____

By completing this application for admission, I authorize Louisiana Tech University and the Louisiana Board of Regents access to my high school academic records. Further, I certify that all information provided on this form is complete and accurate. I understand that withholding information, or giving false information may make me ineligible for admittance and enrollment at Louisiana Tech University. In making application for admission to Louisiana Tech University and in compliance with the provisions of the "Family Educational Rights and Privacy Act" of 1974, I hereby authorize the continuous release by the University of DIRECTORY INFORMATION, while a student, unless this action is specifically revoked by me, in writing, no less than 15 days prior to the first day registration for any academic quarter. DIRECTORY INFORMATION is defined to include the student's name, local address, permanent address, classification, telephone (both home and Tech), date and place of birth, major field of study, dates of attendance at Tech, degrees, honors, and awards received, most recently attended educational institution, current class schedule, photos, e-mail address, participation in officially recognized activities and sports, weight and height of members of athletic teams. Note: Social Security numbers and student PIN numbers are NOT Directory Information.

Date _____ 20 _____ Applicant's Signature _____

Registration Form, Age 55+

Name: _____

Address: _____
Street City State Zip Code

Phone: _____

Email: _____

Please circle quarter for which you are applying:

Fall Winter Spring Summer

Course you wish to enroll in:

Course Name: _____

Course Section Number: _____

Day(s) and Time: _____

Instructor: _____

Return form to:

Joan Edinger
Associate Director of Admissions
Louisiana Tech University
P.O. Box 3178
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318.257.3036
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LOUISIANA TECH UNIVERSITY VEHICLE REGISTRATION INFORMATION

Directions:

1. Print Form
2. Fill out **ALL** information with one character per box
3. Bring to Traffic Office with documents

You **MUST** provide:

1. Valid driver's license
2. Valid vehicle registration
3. Tech ID

Tech ID Number	Social Security Number	Driver's License Number	State

Last Name	First Name	MI

Permanent Home Address (NOT DORM)

City	State	Zip Code

Home (Area Code) Phone Number	Cell (Area Code) Phone Number

Vehicle License Number	State	Check if Standard	Special Plate Type

Vehicle Make	Model	2D	4D	PU	VN

VIN (Vehicle Identification Number)	Year	Color

Registered Owner of Vehicle		
Last Name	First Name	MI

I certify that the information above is true and correct and that I am purchasing this parking permit for my own personal use; it is not to be given, traded, sold or used by any other person. I agree to abide by the Louisiana Tech University Traffic Regulations that I received upon purchasing my permit.

Signature: _____ Date: _____

Permit Number: _____ Permit Type: _____ Zone: _____

Expiration Date: _____ Amount Paid: _____ Entered By: _____