

LOUISIANA TECH UNIVERSITY
A member of the University of Louisiana System

\*By completing this application high school seniors are automatically considered for scholarships.

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

Non-refundable Application Fee (\$20.00): Payable by \_\_\_\_\_ check \_\_\_\_\_ money order

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)

\_\_\_\_\_ Since: month \_\_\_\_\_ year \_\_\_\_\_
Number and Street City State

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_\_) \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ U.S. Citizen yes [ ] no [ ]
City State Month/Day/Year

I am currently a high school: junior [ ] senior [ ] Religious preference (optional) \_\_\_\_\_

Admissions Information

Housing: (seniors only, plans for freshman year)

- [ ] 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

Family Information

\_\_\_\_\_ Name \_\_\_\_\_
First Middle Last First Middle Last

\_\_\_\_\_ Address \_\_\_\_\_
Number & Street 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 \_\_\_\_\_

# dual enrollment 2009-10 part 1 continued

## Scores

High School GPA \_\_\_\_\_ as of date \_\_\_\_\_

ACT Date Taken: \_\_\_\_\_ English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_

SAT Date Taken: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

Check here if you plan to retake ACT or SAT. Which test and when? \_\_\_\_\_

PLAN (complete only if ACT scores are not provided)

English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_

## Academic Information

List the high school you will graduate from and ALL colleges attended or currently attending, including Louisiana Tech.

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

## 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 \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_

## Signature Section (To be completed by high school counselor or principal).

I verify that _____: name of student	
i.	Is enrolled in the 11th or 12th grade
ii.	Is on track for completing the core
iii.	Has taken the PLAN or ACT and scores are on file at the high school
iv.	Is in good standing at the high school
v.	Has permission from the high school to participate
vi.	Has PLAN or ACT composite and subscores for enrollment in specific courses.
Print Name _____	position: <input type="checkbox"/> Principal <input type="checkbox"/> Counselor
Signature _____	Date _____

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Name of High School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**COURSE ENROLLMENT REQUEST:** The high school Principal (or designee) must indicate the college course(s) in which the student has permission to enroll and the respective high school course(s) in which the student will receive high school credit.

High School (LDE) Course Number	High School Course Title	High School Units

**LOUISIANA TECH COURSE TITLE(S) – check all that apply:**

- Biology 224 (Essentials of Human Anatomy and Physiology – intended for non science majors) – 3 credit hours
- Education 125 (Introduction to Teaching) – 3 credit hours
- English 101/102 (Freshman Composition I & II) – 6 credit hours
- History 101/102 (World History to 1500, World History since 1500) – 6 credit hours
- History 201/202 (History of U.S., 1492 – 1877, and 1877 to present) – 6 credit hours
- Math 100 or 101/112 (College Algebra, Trigonometry) – 6 or 8 credit hours
- Other course(s), please list: \_\_\_\_\_
- Other course(s), please list: \_\_\_\_\_
- Other course(s), please list: \_\_\_\_\_

**Certification:**

- We (parent & student) certify that all information within this application is correct.
- We (parent & student) have received a copy of the Dual Enrollment Program Student Eligibility Criteria Framework.
- If I (student)/my child (parent) am/is approved for participation in the Louisiana Dual Enrollment Program, I/my child will comply with all of the requirements.
- I (student) understand that I am enrolling as a guest student at Louisiana Tech University. If I am a **high school senior**, Louisiana Tech will, upon my graduation from high school, determine if I meet their admission criteria as a regular university student. If I do, Louisiana Tech will automatically admit me to the university and consider me for their scholarship program. If I am a **high school junior**, I understand that I will have to reapply for the dual enrollment program for my senior year and/or apply for admission as a regular student if I desire to attend Louisiana Tech for my freshman year in college.
- We (parent & student) understand that the college courses in which I (student) enroll through dual enrollment will be on my permanent Louisiana Tech University academic record.
- We (parent & student) do hereby authorize Louisiana Tech University access to my (student's) academic records.
- I (student) acknowledge that I am enrolling in the courses listed above and also understand that **it is my responsibility to OFFICIALLY WITHDRAW or DROP** any classes I decide not to complete, by the university published deadline.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Custodian (Guardian) Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal or Counselor Signature*

\_\_\_\_\_  
*Date*