

**\*Make sure to fill out form completely.**



**\*\*\*PLEASE USE INK AND PRINT CLEARLY\*\*\***

**INTER-INSTITUTIONAL COOPERATIVE PROGRAM (ICP)**

Louisiana Tech University/Grambling State University

**APPLICATION AND ENROLLMENT FORM**

I will be a VISITING student at:  
Grambling State University

Term you are enrolling in:  
\_\_ Fall  
\_\_ Spring  
\_\_ Summer \_I\_ II

Will you graduate this or next quarter? \_\_Yes \_\_No

Name: Last First M.I.

Social Security Number

Sex Marital Status Race Citizenship Date of Birth

High School Graduation Date

Present Address (Street/Box Number; City, State, Zip)

Present Telephone Number

Home State Home Parish/County Home Zip Code

E-Mail Address

COLLEGE (CHECK ONE):

- Basic Studies
- Applied & Natural Sciences
- Business
- Education
- Engineering & Science
- Liberal Arts

CURRICULUM: \_\_\_\_\_ \* Please provide a phone number where you can be reached during break.

Phone Number: \_\_\_\_\_

DIVISION:

- Undergraduate
- Graduate

List courses for which you are enrolling as a visitor:

CRN Number	Course	Number Section	Credit Hours	Course Description	Days	Time	Instructor's Name

Have you previously enrolled for an ICP class? \_\_\_\_\_ If YES, when? \_\_\_\_\_

List any institution other than Louisiana Tech and Grambling in which you are presently enrolled or will be concurrently enrolled: \_\_\_\_\_

“...Any schedule exceeding 12 semester hours must be approved in writing by the student’s dean on the registration form or the schedule change. Courses pursued in excess of the allowed limits without approval will be invalidated upon discovery. Correspondence courses and concurrent enrollment at other institutions are considered as part of this load and must be approved by the dean.”

I understand that by processing this form I am enrolling for the above class(es) and are not guarantee a seat in any class. I also understand that as an ICP student I am obligated to adhere to the rules and regulations of the host university as well as my home university. I have read and understand the Louisiana Tech course load policy.

ALL THE ABOVE STATEMENTS ARE TRUE AND ALL INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
<input type="checkbox"/> No Charges	
<input type="checkbox"/> Student has paid full fees to Tech	
Registrar's Certification:	
Initials	Date

This student is authorized to enroll in a total of \_\_\_\_\_ hour(s) at the host university.