

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

**PRIORITY DEADLINES:** Fall - August 1

Winter - December 1

**Spring - March 1** 

Summer - June 1

Students whose parents are graduates of Louisiana Tech University are automatically exempt from Out-of-State fees. You will not need to complete this form. Please contact the Office of Admissions at 318-257-3036.

STUDENT'S Last Name	First Name	MI			STUDEN	T'S CWID or SSN	
STUDENT'S PERMANENT Address (include Apt. No.)		City				State	Zip Code
STUDENT'S MAILING Address (include Apt. No.)			City			State	Zip Code
STUDENT'S Email Address	STUDEN	T'S Date of Birth	(MM/DD/YYYY)		STUDENT'S Cell Phone (Include area code)		
Please check the term for which you are	egin:	Fall	Winter	Spring	Summer		
Enrollment Status: Requirements:				Citizenship Status:			
Currently Enrolled New Transfer	d; AND e GPA; ANI lasses Nee		U.S. Citizen Not a U.S. Citizen				
College(s) Attended other than Lo	uisiana Tech	n University	<i>r</i> :				
Name of Colle	Date Attended: (e.g Fall 2023 - Spring 2024)						
Please Note:							
Current Students: The applications will be p purge and a refund for the out-of-state fees w			posted for the	previous qu	arter. Any fe	es owed will need to	be paid by the
Readmitted Students: If you have previousl			ship, you will h	nave to retur	n for one qua	rter and earn at leas	t 8 hours with a
2.0 quarterly and cumulative GPA before the		_			·		
Student Signature:		Date:					
FOR FINANCIAL AID STAFF USE:							
12 hours earned; AND 2.75 Cumulative GPA; AND	Quarter				Year:		
No Remedial Classes Needed			Approved	d D	enied	Incomplete	
Reviewed by:						Date:	

FAF2425114 Rev. 11/17/2023