



# INTER-INSTITUTIONAL COOPERATIVE PROGRAM (ICP)

## Louisiana Tech University/Grambling University APPLICATION AND ENROLLMENT FORM

**I will be a VISITING student at Grambling State University (Select Term):**

FALL                      SPRING                      SUMMER I                      SUMMER II

When are you scheduled to graduate?

Student Information			
Last Name:	First Name:	Middle Name:	Suffix:
CWID Number:		Social Security Number:	
Date of Birth:	Sex:	Race:	Citizenship:
Marital Status:		High School Graduation Date:	
E-Mail Address:			

Student Address			
Local Address:	City:	State:	Zip Code:
Home State:	Home Parish/County:	Home Zip Code:	
Current Phone:		Cell Phone:	

COLLEGE (Check One)				
Applied & Natural Science	Business	Education	Engineering & Science	Liberal Arts
Under Graduate	Graduate		Major:	

**List courses for which you are enrolling as a visitor:**

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

*"... 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 processing this form does not guarantee me a seat in any of the class(es) listed above. I also understand, 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

\_\_\_\_\_  
International Student Office

\_\_\_\_\_  
Date

For Office Use Only
Student Graduating
Transcript Hold
Transcripts Received

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