INTER-INSTITUTIONAL CROSS-ENROLLMENT LOUISIANA COMMUNITY & TECHNICAL COLLEGE SYSTEM (Please Print In Ink)

Name ·	Last										
Other first or last	First					Middle					
Home Parish											
		to enter? (please circle)		Spring							
Social Security N							/				
Sex Male		Country of Citizenship									
Place of Birth (Cir											
Predominant Ethnic Background White, non-Hisp Black, non-Hisp Asian, or Pacific			anic			American Indian, Alaskan Native Hispanic					
DO NOT USE:	Country Code		Data Enti	у			Bir	th Code			
	Current Entry		Res. Cod	e			_				
Have you ever attended, registered and/or paid tuition/fees at Have you ever attended, registered and/or paid tuition/fees at Number of semester hours completed at home institution to								Yes	Semester / Semester /	Year	
Name of High Sch	nool Attended							.			
City			State	·			_ ZI	·			
Dates Attended:	Month / Year	to Mo	onth / Year			Graduati	on Date	Month	/ Year		
Home School Visiting School Name of Home Institution:			Home School Name of Hostin			ol Visiting School sting/Visiting Student Institution:					
	Courses Schedule	d This Semester						ed This S			
Course Prefix & Number		Title	Sem Hours	1	Prefix &		Title			Se Ho:	
_					-						
					-						
-				Total C	redit Hours	5					
Total Credit Hour				_							
Student's Signatur			Date		Stud	ent Paid I		nester Ho	urs at Home l	Institution	
Advisor's Signature			Date			Host Institution of Student Visitation/Cross Enrollment Concurrent Enrollment Should Bill For: Hours					
Dean's Signature			Date								
ADMISSI	ON DECISION –	DO NOT WRITE BELO	W THIS LI	NE				ipal) Insti ross-Enro	tution ollment Institu	Date	
APP Type	Co	ollege O Code	Yr					g) Institut		Date	