## Southern University-Baton Rouge – Baton Rouge Community College

APPLICATION FOR COURSE REGISTRATION AT SOUTHERN UNIVERSITY-BATON ROUGE COMMUNITY COLLEGE Please type or print

Application	for: Fall	Spring	Summer	-			
Name	Las	· · · · · · · · · · · · · · · · · · ·		First			Middle
Social Secu	Social Security Number			e of Birth			
Present Ma	iling Address	Street an	Number				
Cit	,	State			Zip		Parish
		Cidio	·		- <u>r</u>		£
Telephone	***************************************	7. Sex: M	ale Female_	_ 8. Co	ountry of C	itizenship:	energy and the second s
Ethnic Gro	up (check only one	•	anic □ American Indian/ Alaskan Native □White/Non-Hispanic □ Other				
	Name of High So	thool	City, Sta	e or Country	400-450-450-450-450-650-650-650-650-650-650-650-650-650-6		
. Total hours	of college credit:	1-29	30-59	60-	91 _	92-above	
. Home Insti	rution: (	)SU ( )BRCC	College of Enroll	ment:			
. ( ) Fresh	man ( ) Sopho	more ( ) Junior	( ) Senior	( ) G	raduate		
		one course is authorize				ed in formal co-	operative
programs.	Course(s) for whic	h you wish to register:				1	
Dept.	C	ourse Title	Course No.	Section	Hrs. Credit	Times & Days	Building & Room Number
		1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
			a				
		3					
. Have you	oreviously attended	Southern University-Bo	aton Rouge?	( ) Yes	s ( ) No		
b. Have you		Baton Rouge Commu	nity College?		s ()No		
	candidate for degr		( ) Yes ( ) I				
		iton Rouge Community ent academic record a			my tinal gr	ades to my hon	ne institution for
		*	Stude	nt Signatur	e	· · · · · · · · · · · · · · · · · · ·	Date
	ned student has my semester requested	permission to enroll in				orm or as a co-	operative enrollment
				iture of Stu		Date	
				8)			
-	Signature of Advisor Date			e of the Un	Date		