



South Louisiana Community College

Application for Admission INSTRUCTIONS

This application must be completed and returned to the Office of Admissions with the appropriate application fee before a student is able to register for classes.

*All cross enrollment program participants **MUST** complete and submit a separate cross-enrollment application for each semester enrolled. This application is available in the Registrar's office.*

Print or Type the Application in Black or Blue ink

- Section A:** Read the sections carefully and provide complete answers to all of the questions in sections A.
- Section B:** All applicants must complete this section. Check the appropriate boxes. If you are registered for Selective Service, make sure you indicate your Selective Service Number.
- Sections C & D:** Complete information regarding educational goals and history. Include the names of all colleges and universities attended and fill out all information requested for each one. If exact dates or credit hours earned are not known, give the best estimate of this information.
- Section E:** If you are receiving any type of financial assistance, (National Guard, State Grant, SMILE, TOPS, etc) you **MUST** see the financial aid officer before attending classes.
- Section F:** Check ***all*** items that apply to verify residency.
- Section G:** Fill in the blanks with complete information.
- Section H:** Read the Student Substance Abuse, Firearm and Drug Free Workplace Policy before signing and dating certification that the policy has been read. Your signature also verifies that all information in the document is true and complete.
- Section I:** Check the appropriate box and provide only that information you wish to have released and printed in the Student Directory.
- Section J:** Check the appropriate blank for each section.
- Immun Form:** **Proof of Immunization Compliance Form**
One of these options must be completed unless you are age exempt (born before January 1, 1957). Age-exempt students should complete the section for name, social security number, and date of birth **only** and check the age-exempt box.
- If the physician's statement or immunization record is not available at the time of submission of other application forms, the compliance form must be kept and returned when all information has been entered. Please note that - If Option 3 is selected - you may be excluded from attending classes on campus should there be an outbreak of one of the diseases listed.
- Transcript Form:** **Request for High School/College Transcript**
If student attended more than one college, you must complete the Request for Transcript Form to submit to appropriate institutions attended.



For Office Use Only:
 EmplID _____
 Application# _____

South Louisiana Community College

Application for Admission

Application Fee: \$5 (\$15 for international students)
Cash, Check, Money Order, Credit/Debit Card
www.southlouisiana.edu

320 Devalcourt Street Lafayette, LA 70506 Voice (337) 521-8896 Fax (337) 262-2101	908 Ember Drive New Iberia, LA 70560 Voice (337) 373-0185 Fax (337) 373-0187	1013 Perret Street Franklin, LA 70538 Voice (337) 413-8146 Fax (337) 413-8145	4137 East School Street Hessmer, LA 71341 Voice (318) 563-8584 Fax (318) 563-4459
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A. Complete form and mail or bring it to the Lafayette or New Iberia campus with \$5 non-refundable application fee (\$15 for international students). Application should be submitted for processing 30 days prior to the first day of classes for semester or session for which admission is requested. PLEASE PRINT (IN BLUE or BLACK INK) OR TYPE.

Name (LAST, FIRST, MIDDLE) _____ Former last names used _____ National ID (S. S. No.) _____

Are you: Male Female **Marital Status:** Married Single Divorced Head of Household

Citizenship status which best describe you:

Native (US Citizen) Alien, Permanent Resident Alien Number _____
 Alien, Temporary Non-US Citizen Visa Type: _____

Birth date: Month ____ Day ____ Year ____

Mark one or more of the following categories that indicate your race.

Ethnic origin which best fits you:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic of any Race
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Race/Ethnicity Unknown
<input type="checkbox"/> Foreign/Non-Resident Alien	<input type="checkbox"/> White, Non-Hispanic

Campus: Where you plan to attend: Lafayette New Iberia Franklin Hessmer

E-mail Address: _____ **Parish** _____

Residential Address _____ **Apt No.** _____ **City, State** _____ **Zip** _____

Mailing Address (If different from above) _____ **Apt No.** _____ **City, State** _____ **Zip** _____

Home Telephone _____ **Business Number** _____ **Cell Phone Number** _____

Projected Enrollment? Maymester Summer Sum A Sum B Fall Spring Year _____

B. SELECTIVE SERVICE (*This section must be completed by any applicant who is required to register for the draft in accordance with the Military Selective Service Act, and the requirements of State Law *R.S. 17:1351.*)

I am registered with the Selective Service System. No Yes, Indicate Selective Service Number _____ (*Written proof must be provided prior to registering for classes)

Not Applicable, Indicate reason:

_____ Female _____ under 19 years of age _____ excused from registration provided for by federal law _____ a member of the armed forces on active duty _____ born before 1960 _____ Other, please explain _____

Disabled Veteran

C. CURRENT EDUCATIONAL GOAL: (Please check **ONLY ONE**.)

Degree-Seeking at SLCC

ASSOCIATE DEGREE:

- Associate of Science in Teaching
- Criminal Justice
 - Corrections
 - Law Enforcement
- Care and Development Young Children
- Emergency Health Science
- General Business
 - General Business
 - Microcomputer
- General Studies
 - Applied Sciences
 - Behavioral/Social Sciences
 - Business Studies
 - Teacher's Prep Track (PREK-3)
 - Liberal Arts
- Industrial Technology
- Liberal Arts

CERTIFICATES:

- Certificate of Technical Competency Area (EMT Basic)
- Certificate of Applied Science (EMT Paramedic)
- Certificate of General Studies

Non-Degree-Seeking at SLCC:

- Special (non-degree-seeking)
- Visitor - I will attend SLCC for only semester/session
- Transfer - I am planning to transfer credits earned to _____

(Name of College/University)

to pursue a degree in _____

- Cross-Enrolled – ULL
- Auditor
- Other _____
- High School Concurrent Enrollment
- Undecided

Primary Reason for seeking admission:

- | | |
|---------------------------|---|
| _____ Beginning College | _____ Complete a Degree |
| _____ Improve current GPA | _____ Complete Certificate Program |
| _____ Job Upgrade | _____ Self Improvement/Personal Knowledge |
| _____ Changing Careers | _____ Other, please explain _____ |

Have you taken the ACT/SAT? _____ Yes. Please submit your test scores for placement purposes.
 _____ No. Please schedule your placement test with Advisors.

D. EDUCATIONAL HISTORY: (Attach separate sheet if more space is needed for "high school" or "previous college" section)

LAST HIGH SCHOOL ATTENDED	LOCATION (City, State, Country)	PARISH (If Louisiana High School)		HIGH SCHOOL GRADUATION Did you (or will you) graduate?	
				<input type="checkbox"/> Yes Year _____	<input type="checkbox"/> No
COLLEGE OR UNIVERSITY PREVIOUSLY ATTENDED (Begin with the first attended - Include SLCC if previously attended)	LOCATION (City, State, Country)	DATES OF ATTENDANCE		CREDIT HOURS EARNED (Approximate number)	DEGREE EARNED (If any)
		from (Month/Yr)	to (Month/Yr)		

Are you a first-time freshman? Yes No, are you eligible to enroll at the last college/university you attended?
 Yes No - Why? _____

Will you be enrolled at **any** other college/university while attending SLCC? Yes No

If yes and you are a **DEGREE-SEEKING STUDENT AT SLCC**, you are reminded that you must provide SLCC with an **OFFICIAL** transcript showing final grades of the current semester/session.

E. DO YOU PLAN TO APPLY FOR FINANCIAL AID? Yes No

If you are receiving financial assistance from a third party (Grant, Scholarship, TOPS, National Guard, SMILE, etc), you **MUST see** the financial aid officer before attending classes.

MUST BE DEGREE-SEEKING OR CERTIFICATE TO RECEIVE FINANCIAL AID.

F. DO YOU QUALIFY AS A RESIDENT OF LOUISIANA? No Yes

If yes, on what basis? Check all that apply:

____ I am a life-long resident of Louisiana ____ I am married to a Louisiana resident

____ My parent(s) graduated from SLCC

____ I am living with my parents* who reside and are employed full-time in Louisiana

* ____ Father ____ Mother ____ Both Father and Mother

____ I am a *previous* resident of Louisiana (Indicate dates: from _____ to _____)

____ I have been living and employed in Louisiana for more than one year (Indicate dates: from _____ to _____)

____ My spouse has been employed in Louisiana for more than one year (Indicate dates: from _____ to _____)

____ I am a member of the US Armed Services (Indicate dates: from _____ to _____)

____ As a member of the US Armed Services, I was stationed in Louisiana (Indicate dates: from _____ to _____)

____ I am a dependent of a member of the US Armed Services stationed in Louisiana (Indicate dates stationed in Louisiana: from _____ to _____)

G. EMERGENCY CONTACT

Name of Person to Contact in Case of **Emergency** (Last, First, Middle)

Relationship to Applicant

Complete Mailing Address

Parish

City, State, Zip

Daytime Telephone

H. STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY

South Louisiana Community College prohibits the unlawful possession or use of firearms and the unlawful possession, use or distribution of drugs and alcohol by students while on school property or in attendance at any school activity.

I understand that reporting to school or performing tasks for the school while under the influence of and impaired by illegal drugs or alcohol is prohibited. I also realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances is prohibited. I am aware that possession and use of firearms are prohibited on this campus. I also understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify South Louisiana Community College within five (5) days if I am convicted of violating any criminal drug statute at the educational facility. I further realize that the school is required by law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

I hereby certify that I have read and understand the above Student Substance Abuse, Firearm, and Drug Free Workplace Policy and that all of the information I give in this document is true, complete, and accurate to the best of my knowledge.

I understand that admission to the college does not constitute admission to every program offered by the college. I understand that differing programs carry differing admission criteria.

I understand that withholding information or giving false information may make me ineligible for admission to and attendance at South Louisiana Community College. I hereby authorize Louisiana Public Postsecondary Education access to my academic records.

Signature of Applicant

Date



PROOF OF IMMUNIZATION COMPLIANCE

Vaccine Requirements are applicable only to students born on or after January 1, 1957
(Louisiana R.S. 17:170 Schools of Higher Learning)

_____ Applicant's Name (Last, First, Middle)	
_____ Social Security Number	_____ Date of Birth (Month/Day/Year)

Age Exempt (Born on or before December 31, 1956)

OPTION 1 – Immunization Verification – PHYSICIAN’S STATEMENT:

The above-named individual has been immunized as follows:

MMR 1: _____ MMR 2: _____ Tetanus-Diphtheria _____
Date Date Date

Meningococcal (Circle): Menomune or Menaetra Date: _____

Signature of Physician or Other Health Care Provider

Date (Above space for Physician’s Address and/or Stamp)

OPTION 2 – Submission of Immunization Record (by Student)

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps, and tetanus-diphtheria.

Signature of **Student** Date

Signature of **Parent/Legal Guardian (If student is under age 18)** Date

OPTION 3 – Request for Exemption (Measles, Rubella, Mumps, Tetanus-Diphtheria)

I understand that I may be excluded from campus and from classes in the event of an outbreak of any of the above-listed diseases until the outbreak is over or until I submit proof of immunization. (Please mark one of the following choices and provide details.)

MEDICAL REASON – Physician’s statement _____

Signature of **Physician** Date

PERSONAL REASON - _____

Signature of **Student (and parent/guardian if student is under age of 18)** Date

OPTION 3 B – Request for Exemption (Meningococcal)

I have received and read the information below explaining meningococcal disease and the vaccines that are available to reduce the risks of getting this disease.

- I acknowledge that meningococcal disease is a rare, but life-threatening illness.
- I choose to waive receipt of meningococcal vaccine.
- I voluntarily agree to release, discharge, indemnify and hold harmless SLCC, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from my decision not to be immunized.

Signature of **Student (and parent/guardian if student is under age of 18)**

Date

MENINGOCOCCAL VACCINES: What You Need to Know

(Adapted from CDC: Vaccine Information Statement (VIS) – Meningococcal 10/7/05)

What is meningococcal disease?

- Meningococcal disease is a serious illness caused by a bacteria.
- It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.
- Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.
- About 2,600 people get meningococcal disease each year in the US. Of this number 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.
- Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

Meningococcal vaccine – There are two meningococcal vaccines available in the US:

- **Meningococcal polysaccharide vaccine (MPSV4)**: Menomune has been available since the 1970s.
- **Meningococcal conjugate vaccine (MCV4)**: Menaetra was licensed in 2005.

Both vaccines can prevent **4 types** of meningococcal disease. Meningococcal vaccines cannot prevent all types of the disease. Both vaccines work well and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection. MCV4 should also be better at preventing the disease from spreading from person to person.

Who should not get meningococcal vaccine or should wait? Anyone who has ever had a **severe** (life threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose. Anyone who has a **severe** (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if you have any severe allergies. Anyone who has ever had **Guillain-Barre' Syndrome** should talk with their doctor before getting MCV4. Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.

What are the risks from meningococcal vaccines? A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small. Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given. A small percentage of people who receive the vaccine develop a fever. Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare. A few cases of Guillain-Barre' Syndrome, a serious nervous system disorder, have been reported among people who received MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

How can I learn more? For the complete VIS on this vaccine and any other vaccine go to: www.cdc.gov/nip and click on Vaccines, then on Vaccination Information Sheets; call your local or state health department; or visit CDC's meningococcal disease website at: www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal.htm.



REQUEST FOR HIGH SCHOOL/COLLEGE TRANSCRIPT

Please complete this form in BLACK INK by **printing** all information (except signature). This form is to be mailed or delivered **by the student** to the institution from which the student is requesting the transcript.

TO: Records Office of High School or College/University

Institution Name

Institution Address (Street, City, State, Zip Code)

Please send one copy of my official transcript (*if high school, please also include ACT scores and immunization records*) from your institution to:

Director of Admissions
South Louisiana Community College
320 Devalcouth Street
Lafayette, LA. 70506

I attended your institution from _____ to _____
Month/Year Month/Year

under the name _____

My Social Security/student identification number is _____ and my date of birth is _____.

My current mailing address is

Street, City, State, Zip Code

Signature

Today's Date

When you mail or bring in the completed transcript form, don't forget the transcript fee (if any).