

Name of High School _____
 High School Address _____ City/State _____ Date of High School Graduation _____
 Parish _____ "I do hereby authorize Southern University and A&M College access to my high school academic records."
 Signature _____ Date _____

List below all colleges and universities attended, including Southern University in Baton Rouge

Institution	Location	Dates Attended	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently enrolled? Yes No If yes, give name of institution _____

Previous major at Southern University _____

Has applicant participated in the LSU/SU CO-OP Program? Yes No

List your choice of major _____

List the source of your financial support _____

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?

I understand that any falsification of any information may result in my not being accepted or in my being dismissed from Southern University.

Signature _____ Date _____
 Applicant

Signature _____ Date _____
 Parent or guardian (if applicant is under 18 years of age)

I understand that any falsification of any information may result in my not being accepted or in my being dismissed from Southern University.

UNDERGRADUATE DEGREES OFFERED

(PLEASE CHECK ONE)

COLLEGE OF AGRICULTURAL, FAMILY, AND CONSUMER SCIENCES

- Bachelor of Science in Agricultural Sciences
- Bachelor of Science in Agricultural Economics
- Bachelor of Science in Family and Consumer Sciences
 - Apparel Merchandising and Interior Design
 - Child Development Dietetics
 - Food Science and Management
- Bachelor of Science in Urban Forestry

COLLEGE OF ARTS AND HUMANITIES

- Bachelor of Arts in English
- Bachelor of Arts in Fine Arts
- Bachelor of Arts in French
- Bachelor of Arts in History
- Bachelor of Arts in Mass Communications
 - Broadcasting Print Public Relations
- Bachelor of Music
- Bachelor of Arts in Spanish
- Bachelor of Arts in Speech Communications
- Bachelor of Arts in Theater

COLLEGE OF BUSINESS

- Bachelor of Science in Accounting
- Bachelor of Science in Business Economics

- Bachelor of Science in Finance
- Bachelor of Science in Business Management
- Bachelor of Science in Electronic Business
- Bachelor of Science in Marketing

COLLEGE OF EDUCATION

- Bachelor of Arts in Elementary Education
- Bachelor of Arts in Special Education
- Bachelor of Music Education
 - Instrumental Piano and Voice
- Bachelor of Science in Secondary Education
 - Biology and General Science
 - Chemistry and General Science English
 - French Health and Physical Education
 - Mathematics and a Second Teaching Field
 - Physics and General Science
 - Social Studies and History Spanish
- Bachelor of Science in Therapeutic Recreation and Leisure Studies

COLLEGE OF ENGINEERING

- Bachelor of Science in Civil Engineering
- Bachelor of Science in Electrical Engineering
- Bachelor of Science in Electronics Engineering Technology
- Bachelor of Science in Mechanical Engineering

COLLEGE OF SCIENCES

- Bachelor of Science in Biology
- Bachelor of Science in Chemistry
- Bachelor of Science in Computer Science
 - Business Scientific
- Bachelor of Science in Mathematics
- Bachelor of Science in Physics
- Bachelor of Science in Psychology
- Bachelor of Science in Rehabilitation Services
- Bachelor of Science in Social Work
- Bachelor of Science in Sociology
- Bachelor of Science in Speech Pathology and Audiology
- Certificate of Hazardous Material Management

SCHOOL OF ARCHITECTURE

- Bachelor of Architecture

SCHOOL OF NURSING

- Bachelor of Science in Nursing

NELSON MANDELA SCHOOL OF PUBLIC POLICY AND URBAN AFFAIRS

- Bachelor of Arts in Political Science
- Bachelor of Science in Criminal Justice
- Associate of Science in Law Enforcement

Administrative Policy No. P-001 - 99/2000
**Mandatory Selective Service Registration Requirements
for all Males from Ages 18 to 25 Years**

The Southern University System does hereby adopt the following as its policy to comply with the provisions set forth in House Bill 1549 of the 1999 Regular Session of the Louisiana Legislature that mandates males from ages 18 to 25 years to register for the draft:

All males, from ages 18 to 25 years, who seek to be enrolled at any postsecondary institution in the Southern University system in a program of study on or after August 15, 1999 **MUST** provide to the Office of the Registrar or the Office of Admissions on their respective campuses, documented proof of their registration for the federal draft under the Military Selective Services Act. Any male within this age group who is not required to register with Selective Services must submit documented verification to the Office of Registrar or the Office of Admissions that he is not required to register for the draft.

Offices of the Registrar and Admissions must insure that their respective campuses are in compliance with this mandate. **All applications** for admission must be amended to include the following Statement of Compliance.

Statement of Compliance

The Selective Service Act and Louisiana Revised Statute 17:3151 (A) requires all males, 18 to 25 years old, to provide documentation that they are registered with Selective Services for the draft or to provide documents certifying that they are not required to register. For efficiency in administering and managing this policy, all students, males and females of any age, who are enrolled or seeking enrollment at a campus in the Southern University System must complete the compliance statement below. Please respond as applicable.

_____ **I certify that I am registered with Selective Services.** Provide the following:

Selective Service No. _____

A copy of your Selective Services Registration Card.

(No male of the age 18 to 25 or other students will be enrolled or certified as eligible to receive State or Federal financial assistance without this certification or one of the following certifications. You can Register on line at www.sss.gov, at the Post Office, by mail, by checking "Yes" on box 29 of the Federal Student Financial Aid Form or at your local high school.)

_____ **I certify that I am not required to register with Selective Services because:**

_____ I am a female.

_____ I am in the armed services of the United States on active duty.

(Note: This does not apply to members of the Reserves and National Guard who are not on active duty.)

_____ I have not reached my 18th birthday.

_____ I am 26 years or older - Date of Birth _____

_____ I am a citizen of the Marshall Islands, the Federal States of Micronesia, or the Republic of Palau.

_____ I am a non-citizen of the U.S. who is on a student/visitor's visa or part of a diplomatic or trade mission (or a member of their family).

_____ I am excused from registration for other than the above stated reason as provided by Federal law as reflected in the attached document(s).

SWORN TO AND SIGNED as a correct statement of my compliance with the Military Selective Services Act under penalty of perjury.

Date _____

Signature _____

SOUTHERN UNIVERSITY AND A&M COLLEGE

Baton Rouge, Louisiana 70813-2306

APPLICATION FOR UNIVERSITY RESIDENCE HALLS

Social Security Number

College Classification *(Check One)*

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Law
- Transfer

Sex

Male

Female

Semester/Year Applied For

- Spring 20_____
- summer 20_____
- fall 20_____

FOR OFFICE USE ONLY			
RESIDENCE HALL ASSIGNED	RESIDENCE HALL CODE	RECEIPT NO.	RECEIPT DATE
NAME (FIRST)		MIDDLE INITIAL	LAST
HOME MAILING ADDRESS			
CITY		STATE	ZIP CODE
BIRTHDATE (MO/DAY/YR)		AREA CODE	TELEPHONE NO.
HAVE YOU PREVIOUSLY LIVED ON THE CAMPUS <input type="checkbox"/> YES <input type="checkbox"/> NO	IN WHICH RESIDENCE HALL	DURING WHICH SEMESTER?	RESIDENT OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARENT OR GUARDIAN			
ADDRESS OF PARENT OF GUARDIAN (IF SAME AS ABOVE WRITE "SAME")			
CITY		STATE	ZIP CODE
ROOMMATE REQUESTED		RESIDENCE HALL PREFERENCE <i>(Not applicable to new freshmen)</i>	

TERMS UNDER WHICH ROOMS IN RESIDENCE HALLS ARE RENTED

A Security Deposit of \$50.00 must accompany this application. Reservations must be made by ALL residents regardless of any financial aid awarded (loans, scholarships, rehabilitation aid, etc). Please **do not** send cash or personal checks. Only money orders or cashier's checks made payable to Southern University are acceptable. **Mail to: Southern University, Housing Department, P. O. Box 9460, Baton Rouge, Louisiana 70813-2036.** Failure to cancel a room reservation at least 14 days before opening date will result in forfeiture of your deposit. **Fall Deadline:** Upperclassmen, December 20; Freshmen, May 1.

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|---|--|
| <p>1. Rooms are rented by the semester and may be occupied not earlier than one day before freshmen are required to report to the campus and one day prior to registration for upper-classmen.</p> <p>2. The accommodations are operated on a Room and Board Plan which is compulsory.</p> <p>3. The University reserves all rights in connection with the assignment of rooms or the termination of their occupancy.</p> <p>4. Residents will be liable for the damage of University and State Property.</p> | <p>5. All University Residence Halls will be closed during the Christmas, Spring Break and Easter holidays. Students must make arrangements to reside off campus during these periods.</p> <p>6. Exchanges, transfers and vacating of rooms are permitted only by securing permission from the Director of the Residence Hall and the Director of Housing.</p> <p>7. Only enrolled university students may reside in University Residence Halls.</p> <p>8. Refund of fees will be in accordance with guidelines published in the current University Catalog.</p> |
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If my application is accepted and I am assigned to a room. I agree to abide by the Residence Hall and University Regulation, Policies, and Guidelines. I further agree to take meals in the University Dining Halls. Residence fees must be paid at registration. Security Deposits will be refunded only upon graduation or at the end of the last semester of residence on campus. I further agree to submit to the detection of theft, vandalism, and destruction of University and State property.

<i>Signature of Parent or Guardian (if applicant is under 18 yrs.)</i>	<i>Date</i>	<i>Signature of Applicant</i>	<i>Date</i>
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PROOF OF IMMUNIZATION COMPLIANCE

(Louisiana R.S. 17:170 Schools of Higher Learning)

Print or Type

First Name	Middle Name	Last Name	
Address	City	State	Zip
Student Identification Number		Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 _____	

TO BE COMPLETED BY PHYSICIAN OR OTHER HEALTH CARE PROVIDER (see other side)

1. Measles (Rubeola)		2. Rubella		3. Mumps	
1st Immunization	Date:	Immunization	Date:	Immunization	Date:
and		or		or	
2nd Immunization	Date:	Serologic Test	Date:	Date of Disease	Date:
and			Result:	or	
Date of Disease	Date:	4. Meningococcal (Meningococcal polysaccharide vaccine) (MPSV4) or (Meningococcal conjugate vaccine) (MCV4) <i>One (1) dose preferably before entering college.</i>		Serologic Test	Date:
or					Result
Serologic Test	Date:	5. Tetanus-Diphtheria			
	Result:			Immunization	Date:

Physician or health care provider

Print Name _____	Signature _____	Date _____
Address _____	City/State/Zip _____	____/____/____
Telephone (____) _____ - _____		

I understand that my health could be negatively affected and my life possibly endangered by not receiving the above listed vaccines. The reason for not being vaccinated is:

- Personal**
- Unavailability of vaccine (I have provided a statement certifying that I have tried to receive the vaccine but no vaccine could be found.)**
- I am an online student and will not be on campus for classes**
- Medical**
- Religious**

I declare myself to be a person of full age of majority and to be mentally competent. If I am not of full age of majority, my parent or legal guardian must sign below. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to refusal.

I do further hereby, now and forever, free and release Southern University and A&M College and the Department of Health and Hospitals and its agents, attending health care professionals and other personnel from any and all legal and financial responsibility as a result of this refusal.

I certify that I have read (or had read to me), and that I fully understand this release from this responsibility. All explanations were made for me.

Student Signature	Date	Parent/Guardian Signature	Date
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