



Registrar's Office
Inter-Institutional Cooperative Program
Authorization Form

To be completed by Student:

Application for Course Registration: Fall Spring Summer Year _____

NOTE: *Students are required to attach a copy of the paid receipt for the semester.*

Name: _____ Banner ID Number: **9000**
Last First Middle

Mailing Address: _____
Street Address City ST Zip

Home Number: _____ Mobile Number: _____

Last 4-digits of Social Security Number: xxx-xx-_____ Date of Birth: _____

Have you previously attended Southern University at Shreveport? Yes No

Have you previously attended Louisiana State University Shreveport? Yes No

Student's Signature

Date

NOTE: Students taking at least 12 non-developmental hours per semester (including summer) at Louisiana State University at Shreveport may be eligible for a tuition and certain fees exemption* for up to three hours per semester. Contact the Registrar's Office in the Leonard C. Barnes Administration Building, Room A-02, for more information. A current list of fees that are exempt is available in the Finance and Administration Office.

To be completed by Student's Advisor:

Course Prefix/Number: _____ Course Title: _____ Credit hr (s): _____

Alternate Course:

Course Prefix/Number: _____ Course Title: _____ Credit hr (s): _____

Advisor's Name: _____ Department: _____

Advisor's Signature: _____ Date: _____

To be completed by the Registrar:

The above student is enrolled full-time at:

Southern University at Shreveport Louisiana State University Shreveport

I have verified that fees are paid in full for the current semester.

Affix
Institution's Seal

Registrar's Signature Date