



Dual Enrollment Course Registration Form

A. Student Information (Please fill in the following information below)

Name: _____ LSUE ID: _____ Semester: _____
Please Print: First Last
High School: _____ District: _____ Grade: _____ Year: _____

B. Requested LSUE Dual Enrollment Schedule

List the requested course (s), Circle the semester applying, and please circle ONE location for each course.

Semester: Fall Spring Summer

Course ID _____ Location: High School Campus / Online

Course ID _____ Location: High School Campus / Online

Course ID _____ Location: High School Campus / Online

Course ID _____ Location: High School Campus / Online

Course ID _____ Location: High School Campus / Online

Please sign below agreeing to the classes, knowing you give acknowledgement of what each class entails. Signature certifies that this student meets all requirements for Dual Enrollment and all information is correct.

Student's Signature

Date

Parent's Signature

Date

Counselor's Signature

Date

LSUE Academy Director's Signature

Date

Students, please keep a copy for your records. If you have any questions or concerns, please contact lsueacademy@lsue.edu or call 337-457-6130, to speak with the LSUE Academy Director.