LAMAR UNIVERSITY
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

Lamar University Dual Credit Student Registration Request Form

Application Date: _____ District/High School: _____

Student Information:

Name: _____ Student's Date of Birth: _____
Last Name First Name Middle Name

Home Address: _____ Contact Email: _____
(email address will be used for billing purposes)

_____

Contact Phone Number: _____ Additional Contact Phone Number: _____
(include area code) (include area code)

Registration:

Semester (*check only one*): ☐ Fall ☐ Spring ☐ Summer Year _____

Classification (*check one*): ☐ Jr. ☐ Sr. ☐ Other

Student taking the course as (*check one*): ☐ Dual Credit ☐ Concurrent Enrollment (course counts for university credit only)

Courses student plans to enroll in for the stated semester:

1) _____ 3) _____

2) _____ 4) _____

Counselor Contact Information:

Name: _____
Last Name First Name

Phone Number: _____
(include area code)

Email: _____

_____ _____
Parent Signature date

_____ _____
Student Signature date

_____ _____
Counselor Approval Signature date

Any use of earned Lamar University credit towards high school graduation is the decision of the High School and must be approved by the high school prior to enrollment in Lamar University courses.

Scan and email completed form to Lara Jagneaux at llbrisco@lamar.edu