



LAMAR UNIVERSITY

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

Lamar University Dual Credit Student Registration Request Form

Student Information:

applyTexas app ID or Lamar ID: _____ **District/High School:** _____

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): Sr. Jr. So.

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 Jagneau at llbrisco@lamar.edu