

# LOUISIANA DELTA COMMUNITY COLLEGE

## APPLICATION FOR ADMISSION

### OFFICE OF ADMISSIONS

Main Campus, 7500 Millhaven Rd., Monroe, LA 71203 318-345-9000  
Tallulah Campus, PO Drawer 1740, 132 Old Highway 65 South, Tallulah, LA 71284-1740 318-574-4820  
Margaret Surles Campus, 156 Hwy 883-1 Lake Providence, LA 71254 318-559-0864

- I. **INSTRUCTIONS:** Please print or type and remember to include the \$15.00 nonrefundable application fee.  
Incomplete applications **cannot** be processed.

- II. **GENERAL INFORMATION:** Today's date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or Other Name(s) under which your educational records may be found: \_\_\_\_\_

Birth date: (Mo/Day/Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_

Will you be an Income Tax Dependent of your parents and /or guardian during your enrollment at Delta?

YES \_\_\_\_\_ NO \_\_\_\_\_ Should this status change; it is the student's responsibility to notify the Registrar's Office in writing.

Mailing Address (Number & Street or P.O. Box) \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License/Legal ID No.: \_\_\_\_\_ State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Checking this box gives Delta permission to use my home phone, cell phone, Delta email and other email strictly for the purpose of emergency notification. It is my responsibility to notify the College of any changes.

Will you have lived in Louisiana 365 days prior to the first day of class for the enrollment term you have selected? \_\_\_ Yes \_\_\_ No  
If you answered "No", please list your previous address.

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Citizenship: \_\_\_ U.S. \_\_\_ Other (specify): \_\_\_\_\_ If other, give current visa type and status: \_\_\_\_\_

**Permanent Resident Alien must provide a photocopy of both sides of card and signature sheet.**

- III. **ENROLLMENT INFORMATION:** Semester/Term of Enrollment: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer I \_\_\_ Summer II YEAR: \_\_\_\_\_

**ENROLLMENT CLASSIFICATION:** \_\_\_ First Time Freshman (no previous college) \_\_\_ Returning Student \_\_\_ Transfer \_\_\_ High School  
\_\_\_ Non-Degree Seeking \_\_\_ Visiting Student (seeking a degree from another college/university) \_\_\_ Special Student Admit  
\_\_\_ Cross-Enrolled (attending two colleges during the same semester/session)

#### EDUCATIONAL GOALS:

\_\_\_ **Obtain an Associate Degree, Associate of Applied Science Degree (AAS) or Certificate (C)**

Planned area of study - check one: \_\_\_ Associate of Arts /LT \_\_\_ Associate of Science/LT \_\_\_ Associate of General Studies  
\_\_\_ AAS in Business Technology \_\_\_ AAS in Process Technology \_\_\_ AAS in Care and Development of Young Children  
\_\_\_ Associate of Science in Teaching \_\_\_ Associate of Science in Nursing \_\_\_ Certificate of General Studies \_\_\_ Undecided

\_\_\_ **Obtain an Associate of Applied Science Degree (AAS), Technical Diploma (TD), Certificate (C) or Technical Competency Area (TCA) (Tallulah/Margaret Surles Campuses)**

Planned area of study - check one: \_\_\_ AAS/TD in Accounting Technology \_\_\_ TD Automotive Technology \_\_\_ TD Carpentry  
\_\_\_ TD Diesel Powered Equipment Technology \_\_\_ AAS/TD ICT Computer/Networking Support \_\_\_ CTS Medical Office Assistant  
\_\_\_ TCA Nurse Assistant \_\_\_ AAS/TD Office Systems Technology \_\_\_ TD Practical Nursing \_\_\_ TD Welding

\_\_\_ Take general studies courses for transfer purposes. Institution to which transfer planned: \_\_\_\_\_

\_\_\_ Take courses for pleasure or job enrichment - no plans to earn a degree or transfer

**IV. STUDENT DATA/INFORMATION** (For reporting purposes only. This information will not be used for discriminatory purposes.)

**ETHNIC ORIGIN** (requested in compliance with Title VI of the Civil Rights Act of 1964):

Black/Non-Hispanic  American Indian/Alaskan  White/Non-Hispanic  Asian/Pacific Islander  Hispanic  
 Foreign/Non Resident Alien  Race/Ethnicity Unknown  Native Hawaiian or other Pacific Islander  Two or more races

**MARITAL STATUS:**  Single  Married  Separated  Divorced  Other Number of Dependent Children \_\_\_\_\_

**FAMILY EDUCATIONAL HISTORY:** Are you a first generation college student in your family?  Yes  No

Highest educational completion level of mother:

Grade School  High School  Undergraduate College  Graduate School  Post Graduate/Professional School

Highest educational completion level of father:

Grade School  High School  Undergraduate College  Graduate School  Post Graduate/Professional School

**V. EDUCATION INFORMATION:**

**HIGH SCHOOL:** \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate from high school?  Yes  No  Currently Enrolled Date of graduation (or proposed date): \_\_\_\_\_

Did you receive a GED?  Yes  No If yes, date diploma awarded: \_\_\_\_\_ GED High School of Completion \_\_\_\_\_

If neither high school nor GED were completed, what was the highest grade of completion? \_\_\_\_\_

Did you take a College Entrance Examination?  Yes  No If yes: ACT \_\_\_\_\_ Date Taken \_\_\_\_\_ SAT \_\_\_\_\_ Date Taken \_\_\_\_\_

**POSTSECONDARY INSTITUTIONS:** Have you attended a college, university, vocational/technical school as a:

High School Student  Yes  No College Student  Yes  No

If yes, list all post secondary education institutions on page 3 of the application. Attach an additional sheet if necessary.

**VI. MILITARY STATUS**

Are you a Veteran or currently serving in the Armed Forces?  Yes  No

Check if you are, have been, or may be called to active duty in the Armed Forces during this academic year.  Yes  No

**CERTIFICATION OF SELECTIVE SERVICE COMPLIANCE**

I hereby swear or affirm under penalty of perjury, in accordance with the requirements of the Military Selective Service Act, and the requirements of state law R.S.17:3151 the following:

I have registered with the selective service system in accordance with the Military Selective Service Act.

I am not required to register with the selective service system because:

- I am under the age of 18.
- I am in the armed forces of the United States on active duty other than in a reserve or National Guard unit.
- I was born before 1960.
- I am a female.
- Other.

Please Explain \_\_\_\_\_

**VII. CERTIFICATION AND AGREEMENT: PLEASE READ CAREFULLY**

**BY MY SIGNATURE, I CERTIFY THAT:**

1. To the best of my knowledge, all information on this application is complete and accurate. I understand that giving false or incomplete information will make me ineligible for admission to Louisiana Delta Community College. Moreover, I understand that discovery of false information or omission of information will result in immediate dismissal from the College.
2. I authorize Louisiana Public Postsecondary Education access to my academic records.
3. I agree to allow Delta to share my academic records with other academic intuitions for cross-enrollment and transfer of credit purposes.
4. I agree to allow my photograph to be used in Delta publications, on the Delta website and other college related publications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Post Secondary Education History

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## POSTSECONDARY INSTITUTIONS:

I. Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Enrollment Period: From \_\_\_\_\_ To \_\_\_\_\_ Credits or Degree Earned: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

II. Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Enrollment Period: From \_\_\_\_\_ To \_\_\_\_\_ Credits or Degree Earned: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

III. Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Enrollment Period: From \_\_\_\_\_ To \_\_\_\_\_ Credits or Degree Earned: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Have you ever been dismissed from or are you not eligible to return to any college/university for academic reasons?  Yes  No

Have you ever been dismissed from or are you not eligible to return to any college/university for disciplinary (Judicial) reasons?  Yes  No

If yes to either of these questions, please attach letter of explanation.

Are you eligible to return?  Yes  No

## Admissions Checklist

- Completed, signed application and nonrefundable \$15.00 application fee
- Copy of your current driver's license or legal ID
- **Official** high school transcript or GED scores
- **Official** transcripts from each postsecondary institution attended
- **Official** ACT scores (ACT Code **1655**), SAT scores (SAT Code **3992**) or COMPASS Placement Survey
- Completed Official Immunization Form or proof of two measles, mumps, and rubella (MMR), one current tetanus-diphtheria shot (TD), and a meningitis shot (first time freshmen), or request for exemption
- Proof of registration with Selective Service (<https://www.sss.gov>)
- Delta FAFSA College Code **041301**

Once your application for admissions is complete and all required documents have been received you will be sent a letter of acceptance which will include your enrollment status and additional information regarding new student orientation, registration and first day of class. For information regarding class schedules visit our website.

[www.ladelta.edu](http://www.ladelta.edu)

Delta does not discriminate in its education and employment programs on the basis of religion, age, race, national origin, gender, marital or parental status or disability and complies with Title VI of the Civil Rights Act of 1964, Title IX Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.