

LOUISIANA DELTA COMMUNITY COLLEGE

OFFICE OF ADMISSIONS

4014 LaSalle Street, Monroe, LA 71203 (318) 342-3700 (866) 500-5322 FAX (318) 342-3747

APPLICATION FOR ADMISSION

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

Planned area of study - check one: ___ Liberal Arts ___ General Science ___ General Studies ___ Allied Health (Pre-Nursing)

___ Applied Science in Business Technology ___ Science in The Care and Development of Young Children ___ Undecided

___ Complete a Certificate Program

___ Take general studies courses for transfer purposes Institution to which transfer planned: _____

___ Improve GPA ___ Change Careers ___ Job Upgrade ___ Other

___ Take courses for pleasure or personal 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 ___ Other

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

For office use only: Application Fee Paid \$ _____ Receipt # _____ Date _____

V. FAMILY INFORMATION:

PARENTS/SPOUSE/OTHER (TO NOTIFY IN CASE OF EMERGENCY):

Name: _____

Relationship: _____ Phone (Home): (____) _____ Phone (Work): (____) _____

Address (if different from above) : _____

City: _____ State: _____ Zip: _____

If parent/spouse, how long have they lived in the state listed above? _____ Years

VI. 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 postsecondary institution (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.

VII. 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 _____

VIII. CERTIFICATION AND AGREEMENT: PLEASE READ CAREFULLY

BY MY SIGNATURE, I CERTIFY:

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. I do hereby authorize Delta Community College to make an investigation of my personal history, and/or education background.
2. I certify that, if applicable, I have registered (or will register) with the Selective Service (Federal Draft) and will present written verification with this application or upon request.
3. I have enclosed the \$15 application fee.

By my signature, I do hereby authorize Louisiana Public Postsecondary Education access to my academic records.

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 reasons? ___ Yes ___ No

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

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 (Delta ACT Code **1655**/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/RegVer/wfVerification.aspx>)
- 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.cc.la.us

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.