



Lamar University Dual Credit Student Registration Request Form

Application Date: _____ District/High School: _____

Student Information:

Name: _____
Last Name First Name Middle Name

Student's Date of Birth: _____

Home Address: _____ Contact Phone Number: _____
(include area code)

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

Registration:

Semester (check one): Fall Spring Summer Year _____

Classification (check one): Jr. Sr. Other

Student taking the course as (check one): Dual Credit Concurrent Enrollment

Counselor Contact Information:

Name: _____
Last Name First Name

Phone Number: _____
(include area code)

Email: _____

Lamar University Dual Credit course(s) in which the student wishes to enroll. Please only list course(s) for the indicated semester.

1) _____ 2) _____ 3) _____ 4) _____

 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.

Fax completed form to Lara Jagneaux at 409-880-7164 OR scan and email to Lara Jagneaux at llbrisco@lamar.edu