

	Campus Wide ID
	For official use only
_	10 Official asc only

**SIGNATURE PAGE 2024-2025**If you need assistance because of a disability, please contact the ULM Counseling Center at 318-342-5220.

PERSONAL INFORMATION - W	rite in blue or black ink pen only.		
O I am applying to begin DE in Fall 2024.	O I am applying to begin DE in Spring 2025		
Last Name	Legal First Name (no nicknames or initials)	Middle Name (no nicknames or initials)	
Mailing Address		City, State ZIP	
Date of Birth (MM/DD/YYYY)	High School	High School Graduation Year	
CERTIFICATION			
Read the following statements carefully. Your signa	tures acknowledge compliance with all requirements of UL	.M Dual Enrollment:	
tuition is owed to ULM for courses in successfully completed and it is the stu he/she decides not to complete (inclu	Louisiana secondary and public, postsecondary education which the student is registered at the University's ident's responsibility to officially withdraw before ding if the student changes high schools). We acknot e charged for all tuition balances after the set payment dead	s 14th class day whether or not the courses are the ULM published deadline from any course nowledge that FERPA rules apply, regardless of age. Wo	
Student Signature (required) - 1 inciu io puruc	epare in the OLIVI Duai Enroument 1 rogram.	Date	
Parent/Guardian Signature (required) Student has permission to participate in the ULM	Date		
Principal or School Designee Signature (requi	red) ool to participate in the ULM Dual Enrollment Program.	Date	
CHECKLIST			
O ULM Online Application (new DE st	udents only)		
O Non-refundable \$20 application fee, if red	quired (new DE students only)		
This signature page submitted to your high school Dual Enrollment Coordinator			
O Counselor recommendation form, if appl	icable		
O Official high school transcript to ULM A	dmissions and ULM DE office		
ULM ACT code: 1598 (actstudent.or	oULM Admissions and unofficial score report to ULI rg/scores/send) ess.collegeboard.org/sat/scores/sending-scores)	M DE office	

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