



Office of Recruitment/Admissions

700 University Avenue
Monroe, Louisiana 71209-1160
(318) 342-5430 or toll-free 800-372-5127
fax: (318) 342-1915 • www.ulm.edu

A Member of the University of Louisiana System

DO NOT WRITE IN THIS SPACE
Resident Out Of State
State Parish
ACT

APPLICATION FOR VISITING STUDENT UNDERGRADUATE ADMISSION

DOCUMENTS SUBMITTED TO MEET ADMISSION AND RESIDENCY REQUIREMENTS BECOME THE PROPERTY OF ULM AND MAY NOT BE RETURNED.

TYPE OR PRINT IN INK AND COMPLETE ALL ITEMS.

ENROLLMENT

WHEN DO YOU PLAN TO ENROLL AT ULM?
SUMMER INTERSESSION 20
SUMMER I 20
FALL 20
WINTER INTERSESSION 20
SUMMER II 20
SPRING 20

This application and fee are valid for one calendar year only. If you do not attend during the term you have indicated on this application, you must contact our office to activate your application for a different term.

PERSONAL DATA

NAME (Give full legal name. Do not use nicknames or initials unless initials are your legal name.)

Last First Middle

SOCIAL SECURITY NUMBER

Grid for Social Security Number

DATE OF BIRTH mm / dd / yyy

GENDER M F

ETHNICITY: (CHECK ONE) Information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.

AMERICAN INDIAN OR ALASKAN NATIVE
ASIAN OR PACIFIC ISLANDER (ORIENTAL)
BLACK
HISPANIC
WHITE
OTHER (LIST)

MAILING ADDRESS

No. & Street City Parish/County State Zip Code

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?

Years Months

HOME PHONE ( )

WORK PHONE ( )

E-Mail Address

WILL YOU BE AN INCOME TAX DEPENDENT OF YOUR PARENTS AND/OR GUARDIAN DURING YOUR ENROLLMENT AT ULM?

Yes No Should this status change, it is your responsibility to notify the Registrar's Office in writing.

ARE YOU A UNITED STATES CITIZEN?

Yes No

IF NO, COUNTRY OF CITIZENSHIP

COUNTRY OF BIRTH

VISA TYPE

TOEFL SCORE

IN CASE OF EMERGENCY, LIST NAME OF NEXT-OF-KIN (Mother, Father, Guardian, Spouse, Brother, Sister)

Name Address Relationship to you Home Phone ( )

EDUCATIONAL DATA

NAME, CITY, & STATE OF LAST HIGH SCHOOL ATTENDED

DID YOU (OR WILL YOU) GRADUATE FROM HIGH SCHOOL?

Yes (Year of Graduation: ) No GED

DATES ATTENDED HIGH SCHOOL?

Fm: Mo. Yr. To: Mo. Yr.

Have you ever enrolled at ULM? Yes No Dates attended:

LIST NAME AND LOCATION (CITY AND STATE) OF COLLEGE/UNIVERSITY YOU ARE CURRENTLY ATTENDING:

NOTE: AN OFFICIAL LETTER OF GOOD STANDING MUST BE SUBMITTED AT THE END OF YOUR CURRENT SEMESTER/QUARTER IN ORDER FOR ULM TO RELEASE AN OFFICIAL TRANSCRIPT TO YOUR HOME INSTITUTION.

COMPLETE, SIGN AND RETURN APPLICATION WITH \$20 CHECK OR MONEY ORDER.

I certify that all information given is complete and accurate. I authorize ULM to verify the information I have provided. I realize that falsification or the intentional omission of any information on this form may lead to rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature

Date

## LETTER OF GOOD STANDING

This form must be submitted by any undergraduate wishing to attend the University of Louisiana Monroe as a Visiting Student. Please complete this form and have it signed and **returned by the registrar** at your current institution at the end of your current academic term. ULM is unable to release any official transcripts to visiting students until this form has been received. You may enroll in the classes you list below if seats are available.\*

An official letter of good standing is defined as one mailed directly from one institution to another. It bears the institution's seal, signature of the registrar, and the date of issuance.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
SS No.

Session	ULM Course & Number	Course Title	Credit Hours

### TO BE COMPLETED BY COLLEGE OFFICIAL

I certify that the above named student is

\_\_\_\_\_ In good academic standing and eligible to return to this institution    Term: Fall 20\_\_\_\_\_    Spring 20\_\_\_\_\_

\_\_\_\_\_ On academic probation

\_\_\_\_\_ Suspended for academic reasons for the fall/spring semester, but is eligible to attend the summer semester

\_\_\_\_\_ Suspended for academic reasons for summer session and the fall semester

\_\_\_\_\_ Suspended permanently for academic reasons

\_\_\_\_\_ Other (please give explanation)

#### Certification of Good Standing

#### Course Approval

\_\_\_\_\_  
University Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
Date

Institution Name: \_\_\_\_\_

This institution is located: \_\_\_\_\_

In reference to the state above, this student is classified as a     Resident     Non-resident

\*Courses in which a student enrolls without the permission of their home institution may or may not transfer to their home institution for credit. It is the student's responsibility to obtain this information from their home institution prior to enrolling at ULM.

Return to: Office of Admissions  
University of Louisiana Monroe  
700 University Ave.  
Monroe, LA 71209