FIRST-TIME FRESHMAN STUDENT ADMISSION TO A UNIVERSITY OF LOUISIANA SYSTEM UNIVERSITY
Please Print

TO BE FILLED OUT BY STUDENT

NAME:_____
Last **First** **Middle** **Other**

SSN# - - **E-MAIL:** _____

I request this form be completed and sent by my school counselor to the following University of Louisiana System University or Universities:

_____ **Grambling State University**
Office of Admissions
Post Office Box 864
Grambling, LA 71245

_____ **Louisiana Tech University**
Office of Admissions
Post Office Box 3178
Ruston, LA 71272

_____ **McNeese State University**
Office of Admissions
Post Office Box 91740
Lake Charles, LA 70609

_____ **Nicholls State University**
Office of Admissions
Post Office Box 2004
Thibodaux, LA 70310

_____ **Northwestern State University**
Office of Admissions
Natchitoches, LA 71497

_____ **Southeastern Louisiana University**
Office of Admissions
SLU 10752
Hammond, LA 70402

_____ **University of Louisiana at Lafayette**
Office of Admissions
Post Office Box 41210
Lafayette, LA 70504

_____ **University of Louisiana at Monroe**
Office of Admissions
Monroe, LA 71209

_____ _____
(Signature of Student) ***(Date)***

TO BE FILLED OUT BY HIGH SCHOOL COUNSELOR

ACT SCORES: _____Eng _____Math _____Reading _____Sci. Reas. _____Composite _____Test Date

SAT SCORES: _____Verbal _____Math _____Composite _____Test Date

An official score report must be sent directly to the university of choice from ACT or SAT.

THE STUDENT'S RANK IN CLASS IS _____ OUT OF _____.

THE STUDENT'S SIX-SEMESTER GPA IS _____ ON A 4.00 SCALE or _____ ON A _____SCALE

_____ _____ _____ _____
Signature of Counselor ***Printed Name*** ***Date*** ***Phone Number***