

NUNEZ COMMUNITY COLLEGE INTER-INSTITUTIONAL CROSS-ENROLLMENT

University of New Orleans
 Delgado Community College

SUNO
 Southeastern LA University

(PLEASE PRINT IN INK)

What semester & year
do you plan to enter?

1. Last name, comma, space, first name, space, middle name, space, Jr., III, etc.

2. Year Sem
1 Fall
2 Spring
3 Summer

3. Other first or last name used on transcripts or records

4. Social Security Number - -

DO NOT USE
STUDENT NO.

5. Sex M Male
 F Female

6. Birth Date
Mo. Day Yr.

7. Country of Citizenship

9. Place of Birth (City) (State)

(Country)

DO NOT USE
COUNTRY CODE DATA ENTRY

BIRTH CODE CURRENT ENTRY RES. CODE

8. Predominant Ethnic Background
(Insert correct number)

- 1. White, non-Hispanic
- 2. Black, non-Hispanic
- 3. Asian, or Pacific Islander
- 4. Amer. Indian, Alaskan Native
- 5. Hispanic

10. Present Mailing Address (number, space, street, space, apt)

11. Home Parish/County DO NOT USE PAR. CODE

City State Zip Code

12. Have you ever attended, registered and/or paid tuition/fees at Host? No Yes _____ SEM/YR

13. Number of semester hours completed at Home institution _____

Have you ever attended, registered and/or paid tuition/fees at NUNEZ? No Yes _____ SEM/YR

DO NOT USE ACT CODE	14. Name of High School Attended	City and State	Grad. Date	Dates Attended	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Yr
				19	19

NUNEZ COMMUNITY COLLEGE	<input type="checkbox"/> DELGADO <input type="checkbox"/> UNO <input type="checkbox"/> SUNO <input type="checkbox"/> SLU																																				
Name of Principal Institution	Name of Cross-Enrollment Institution																																				
Courses Scheduled this Semester:	Courses Approved for Cross-Enrollment:																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Course Prefix and Number</th> <th style="width: 40%;">Title</th> <th style="width: 20%;">Sem. Hrs.</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td colspan="2">Total Credit Hours:</td> <td><input type="text"/></td> </tr> </tbody> </table>	Course Prefix and Number	Title	Sem. Hrs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total Credit Hours:		<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Course Prefix and Number</th> <th style="width: 40%;">Title</th> <th style="width: 20%;">Sem. Hrs.</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td colspan="2">Total Credit Hours:</td> <td><input type="text"/></td> </tr> </tbody> </table>	Course Prefix and Number	Title	Sem. Hrs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total Credit Hours:		<input type="text"/>
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Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Dean's Signature _____ Date _____

STUDENT PAID FOR _____ SEMESTER HOURS AT HOME INSTITUTION.

HOST INSTITUTION SHOULD BILL FOR _____ HOURS.

Registrar, Home Institution _____ Date _____

ADMISSION DECISION — DO NOT WRITE BELOW THIS LINE

APP TYPE COLLEGE YR CURRIC AD CODE

STUDENT REGISTERED AT CROSS-ENROLLMENT INSTITUTION

Registrar, Cross-Enrollment Institution _____ Date _____