SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA

Excellence • Integrity • Accountability • Service • Diversity

Records and Registration

Advisement/Registration Form

Year: _____ **Term:** ☐ **Fall** ☐ **Spring** ☐ **Summer I** ☐ **Summer II** ☐ **Summer III**

Name_____ SUSLA Student ID# _____

Last First

Classification ☐ Freshman ☐ Special ☐ Sophomore

Phone Number _____ Major Select One from the Dropdown Menu Below E-mail Address _____ @ skymail.susla.edu

Course Selections (First Choice)								Alternate Selections (Second Choice)							
CRN	**Course Prefix**	**Course Number**	**Section Number**	**Course Name**	**Days**	**Time**	**Credit Hrs.**	**CRN**	**Course Prefix**	**Course Number**	**Section Number**	**Course Name**	**Days**	**Time**	**Credit Hrs.**
					Total Hours										

Acknowledgements

I understand I am responsible for updating all address and telephone information**.** I accept and agree to pay all tuition, fees, and charges associated with my attendance at Southern University at Shreveport in accordance with authorized payment plans. I understand that a student who fails to make full payment of tuition and fees, including incidental fees, by the due date may be prohibited from registering for classes until full payment is made. I also understand that a student who fails to make payment prior to the end of the semester may be denied credit for the work done that semester. I authorize Southern University at Shreveport to deduct books, supplies, tuition and fees, and all other institutional charges from my grant(s), loans, and/or scholarships.

I understand I am to obtain my copy of the University Catalog and Student Handbook on the Southern University at Shreveport Website at www.susla.edu.

I have received information about (FERPA) Family Educational Rights and Privacy Act.

I understand that a $100.00 late registration fee will be charged if I do not register during the designated registration period.

Maximum Credit Hours
Overload approvals require the permission of the Division Chair and VC for Academic and Student Affairs and are processed through the Registrar's Office.

19 hours constitutes an overload.

_____ **Student's Signature** **Date**

_____ **Advisor's Signature** **Date**

_____ **Division Chair's Signature** **Date**

_____ **Vice Chancellor for Academic and Student Affairs' Signature** **Date**

Registrar's Office Use Only Date Processed: _____ Processed by: _____

RO: Advisement/Registration Form-Revised 07/14:07/16:08/19-LR