



Year: \_\_\_\_\_ Term: ☐ Fall ☐ Spring ☐ Summer I  
☐ Summer II  
☐ Summer III

**Registrar's Office**  
*Advisement/Registration Form*

Name \_\_\_\_\_ SUSLA Student ID# **9000**  
 Last First

Classification ☐ Freshman  
 Special ☐ Sophomore

Phone Number \_\_\_\_\_ Major \_\_\_\_\_ 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](http://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.

<b>Maximum Credit Hours</b> 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.
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\_\_\_\_\_  
 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: \_\_\_\_\_