

FIT PROGRAM



LOUISIANA TECH UNIVERSITY

A Member of the University of Louisiana System
Faculty/Staff Application for Admission

Return to: Admissions Office – Box 3178 – Ruston, LA 71272-0001 – Campus Box 38

Social Security Number - -

Legal Name: _____

Preferred Name: _____ Male Female

E-Mail Address: _____ Date of Birth: ____/____/____

Permanent Home Address: _____
Number and Street

City _____ Parish/County _____ State _____ Zip _____

Classification: _____ Visiting Student _____ Quarter: _____

Selective Service

I hereby swear or affirm under penalty of perjury in accordance with the requirements of the military selective service act, and the requirements of state law R.S. 17:3151 that:

I am registered with the selective service System (check one) Yes No

Not applicable, indicate reason:

_____ Under 18 years of age

_____ Born before 1960

_____ Female

_____ Other, Explain:

_____ Member of the Armed Forces on active duty _____

Further, I certify that all the information provided on this form is complete and accurate. I understand that withholding information, or giving false information may make me ineligible for admittance and enrollment at Louisiana Tech University. In making application for admission to Louisiana Tech University and in compliance with the provisions of the "Family Educational Rights and Privacy Act" of 1974, I hereby authorize the continuous release by the University of DIRECTORY INFORMATION, while a student, unless this action is specifically revoked by me, in writing no less than 15 days prior to the first day of registration for any academic quarter. DIRECTORY INFORMATION is defined to include student's name, local address, permanent address, classification, telephone (both home and Tech), date and place of birth, major field of study, dates of attendance at Tech, degrees, honors and awards received, most recently attended educational institution, current class schedule, photos, e-mail address, participation in officially recognized activities and sports, weight and height of members of athletic teams. Note: Social Security Numbers and student PIN numbers are NOT Directory Information.

Date _____ 20____ Applicant's Signature _____