



DUAL ENROLLMENT INFORMATIONAL PROFILES FOR APPLY DE LOUISIANA BY LA BOARD OF REGENTS

applyde.laregents.edu

OFFICE OF DUAL ENROLLMENT

3820 Sen J Bennett Johnston Ave, ☎ 337-421-6983 📧 dualenrollment@sowela.edu
Lake Charles, LA 70615
Office 118, Magnolia Building (#13)

Student Profile:

Student's First and Last Name	
Student's Home Address (include city, state, and ZIP code)	
Student's Date of Birth	
Student's Social Security Number	
Student's Phone Number	
Student's Personal Email Address	

Parent/Guardian Profile:

Parent/Guardian's First and Last Name	
Parent/Guardian's Email Address	
Parent/Guardian's Phone Number	

Student and Parental Consent Statements:

As a student,

- I certify that all information within this application is correct.
- I have read the Dual Enrollment General Guidelines and Step-by-Step Guide to Applying provided with this application packet.
- If I am approved for participation in the Dual Enrollment Program, I will comply with all student requirements set forth in the SOWELA College Catalog and Student Handbook (Please see GENERAL POLICIES/PROCEDURES section).
- I understand that I am enrolling as a Visiting Student at SOWELA Technical Community College. Upon graduation from high school, if I desire to enroll at SOWELA, I
- will apply for admission as a regular student and will be required to meet SOWELA's admission requirements.
- I understand that the college courses in which I enroll through Dual Enrollment will be on my permanent high school and college academic records.
- I do hereby authorize the Board of Regents, the Office of Student Financial Assistance, and SOWELA to access my academic records.
- I understand that the grades I earn in college courses in which I enroll through the Dual Enrollment Program will be used by other programs, including
- TOPS, to determine my continuing eligibility for those programs. See TOPS Q&A – Core Curriculum Q-2 and Q-9 located in TOPS section of www.osfa.la.gov.
- I understand that withdrawing from a course or earning a grade of 'W' or 'F' may threaten future financial aid and TOPS eligibility due to lack of adequate
- academic progress.
- I authorize SOWELA to release grades, enrollment status, and/or official transcripts to my high school and the school board each semester or term that I am
- enrolled in the Dual Enrollment Program.
- I authorize SOWELA to apply funds from any financial awards and/or scholarships to pay current tuition and fees.
- I acknowledge that I am enrolling (if approved) in the courses listed on this application and understand that it is my responsibility TO OFFICIALLY WITHDRAW
- or DROP any classes I decide not to complete, by the published deadline and in accordance with SOWELA policy. Failure to do so may result in grades of 'F'
- on official transcripts.

As a parent,

- I certify that all information provided on this application is correct.
- I have read the Dual Enrollment General Guidelines and Step-by-Step Guide to Applying provided with this application packet.
- If my child is approved for participation in the Dual Enrollment Program, he/she will comply with all student requirements set forth in the SOWELA College Catalog
- and Student Handbook (Please see GENERAL POLICIES/PROCEDURES section).
- I understand that the college courses and high school and college grades earned in those courses in which my child enrolls through the Dual Enrollment Program
- will be on my child's permanent high school and college academic record.
- I understand that the grades my child earns in college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs,
- including TOPS, to determine his/her continuing eligibility for those programs. See TOPS Q&A – Core Curriculum Q-2 and Q-9 located in TOPS section of
- www.osfa.la.gov.
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records.

Student Signature	Date	Parent/Guardian Signature	Date