



# Collegiate Program Class Selection Form

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
High School ULM Campus-wide ID (CWID) # Hours to Enroll

Term: ☐ Fall 20\_\_\_\_ ☐ Spring 20\_\_\_\_ ☐ Summer I: 20\_\_\_\_ ☐ Summer II: 20\_\_\_\_

Please list class(es) in order of preference. List alternatives in case preferred class section is full.

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Course # Course Title CRN Time Days

\_\_\_\_\_  
Guidance Counselor's Signature Guidance Counselor's Printed Name Date

\_\_\_\_\_  
Parent(s) Signature Parent(s) Printed Name(s) Date

**NOTE: These signatures indicate approval for the above student to participate in ULM's Collegiate Program. Collegiate students are limited to six (6) credit hours per semester. Counselors and Parent(s) signature is required before classes will be scheduled. Please return this form with your application packet to:**

The University of Louisiana Monroe  
Office of Admissions  
ATTN: Collegiate Program  
700 University Avenue  
Monroe, LA 71209-1160