

# COMMUNITY EDUCATION PROGRAM

## APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Mobile Phone:

Current street address:

City:

State:

ZIP Code:

Email address 1:

Email address 2:

Nickname:

## EMPLOYMENT INFORMATION (OPTIONAL)

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

## EMERGENCY CONTACT

Name of a relative or contact for emergency

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## PROGRAM INFORMATION | REGISTRATION

Name of desired course:

Course start date:

Day of the week:

Time:

## REFERRAL-DO YOU KNOW SOMEONE THAT WOULD LIKE TO BE ON OUR MAILING LIST?

Name #1:

Address:

Name #2:

Address:

## PLEASE SEND ME MORE INFORMATION ON: (CIRCLE)

Southeastern Undergraduate

Southeastern Graduate

Community Music School

Community Education

Training

Southeastern Scholars

Summer Academic Camps

Community Events

Other/Suggestions:

## SIGNATURES

I authorize the verification of the information provided on this form. I will abide by all rules and regulations of Southeastern programs.

Signature of applicant:

Date:

Signature of parent or guardian:

Date:

**FAX APPLICATION TO: 225.665.3608**

**OR MAIL TO:**

**Southeastern-Livingston Center | 9261 Florida Blvd. | Walker | LA | 70785**

**Email: livingston@selu.edu**