

XAVIER UNIVERSITY OF LOUISIANA

Concurrent Student Application

Phone: 504-520-7388 or 1-877-XAVIERU (Toll-Free)

Web Page: www.xula.edu

E-Mail: apply@xula.edu

Complete each item and sign application

Social Security Number (Optional)

INSTRUCTIONS FOR CONCURRENT ENROLLMENT APPLICANTS

To apply for admissions as a Concurrent Enrollment student you must submit the following to the Office of Admissions:

1. Completed application
2. ACT or SAT Scores
3. High School Transcript
4. Counselor Recommendation Form or Letter

_____ Last Name		_____ First Name		_____ Middle Initial
Permanent Address	Street	City	State	Zip
Mail Address (if different)	Street	City	State	Zip
_____ Home Phone			_____ Cell Phone	
_____ Date of Birth	_____ Sex	_____ City and State of Birth		
_____ Citizenship (country)		_____ E-mail address		

Information in this section is voluntary and will be used in a nondiscriminatory manner consistent with all civil rights laws. All applications for admission are considered without reference to sex, ethnicity, religion or handicap.

Ethnicity: Are you Hispanic/Latino? (check one) Yes No

Check one or more that best describes your race: American Indian/Alaskan Native Asian

Black/African American Native Hawaiian/Pacific Islander White/Caucasian

Religious Preference _____

Please give full name(s) of high school(s) attended:

High School(s)	City/State	Dates Attended	Graduation Date	High School Code
1. _____				
2. _____				

Please indicate the following, if known:

GPA _____ ACT Composite _____ SAT Critical Reading _____ SAT Math _____ SAT Writing _____

Have you ever attended a college or university for Dual Enrollment? Yes No

If Yes, please list. (Official transcripts may be requested): _____

Intended College Major: _____

Have you ever been convicted of a criminal offense (excluding a traffic violation or misdemeanor)? Yes No

If yes, please explain in detail on a separate sheet.

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Please list any Xavier Pre-college programs you have attended _____

Father's Name _____

Father's Address (if different) _____

City, State Zip _____

Phone Number _____

Mother's Name _____

Mother's Address (if different) _____

City, State Zip _____

Phone Number _____

Guardian or Next of Kin _____ Relation to You _____

Address (if different) _____ Guardian? Yes No

City, State Zip _____ Next of Kin? Yes No

Phone Number _____

Please list relatives who have attended Xavier:

1. _____ Relationship _____ Graduation Year _____

2. _____ Relationship _____ Graduation Year _____

3. _____ Relationship _____ Graduation Year _____

Please indicate extracurricular and community activities, honors received or other information you would like to submit with your admissions records.

Check each that applies to your enrollment plans: Year _____

Fall Term

Spring Term

Summer Session I

Summer Session II

All information requested above is important, consequently, failure to submit complete and accurate information may invalidate your application.

Signature

Date

**Mail To: Office of Admissions
Xavier University of Louisiana
1 Drexel Drive
New Orleans, LA 70125**