**Office of Undergraduate**

**Admissions and Recruitment**

P.O. Box 41210 • Lafayette, LA 70504-1210

**Ragin’ Cajun Bridge Program Participant Information**

Social Security Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number Date of Birth Birthplace (City, State, Country)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Ethnicity:

* White, Non-Hispanic
* Black/African-American
* Asian American or Pacific Islander
* Hispanic or Mexican American or Puerto Rican
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:

* Male ○ Female

Citizenship:

* U.S. Citizen
* Permanent Resident, Immigrant
* Refugee Status
* Non U.S. Citizen

Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring Year \_\_\_\_\_\_\_\_

**Emergency Contact Person (Parent, Guardian or other):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip Code Telephone Number

I hereby certify that, to the best of my knowledge, the information provided on this application is accurate and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

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Office: (337) 482-6467

**Letter of Intent**

As a student in the Ragin’ Cajun Bridge Program, I hereby declare my intent to fulfill the requirements indicated below and transfer to the University of Louisiana at Lafayette (UL Lafayette). I understand and agree that failure to complete all the necessary requirements or maintain satisfactory academic progress may result in my removal from the program.

Furthermore, I agree to abide by all student rules and regulations at my home institution (South Louisiana Community College or Louisiana State University at Eunice) and UL Lafayette. Finally, I agree to pay all applicable tuition and related fees assessed by the Home and Host Institutions.

I agree to the following terms and conditions:

1. Enroll at least half-time at SLCC each fall and spring semester until transferring to UL Lafayette.
2. Pay the applicable SLCC tuition and fees and the applicable “Bridge” fee to UL Lafayette during each semester/session of enrollment. The “Bridge” fee is $90 each fall and spring and $70 if enrolled in the summer session. The Bridge Fee is subject to change. I understand that once this application has been submitted, the fee will be assessed and is non-refundable.
3. Meet the minimum UL Lafayette transfer requirements before transferring to UL Lafayette.
4. Participate in all activities for the UL Lafayette Bridge Program.
5. Meet with the UL Lafayette Transfer Advisor and SLCC/LSUE Advisor at least once during each semester of enrollment at SLCC or LSUE.
6. Attend the UL Lafayette Orientation for Bridge Program participants. Specific date and time about orientation will be sent to you at a later date.

I understand and give my permission for a copy of my academic transcript to be sent from each participating institution to the other to monitor my academic progress toward degree/certificate completion. I understand that failure to meet any of the requirements of the Bridge Program may be grounds for dismissal from the program.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_