

Returning DC



Lamar State College-Orange High School Dual Credit Application



Semester you expect to attend: Fall Spring Year _____

Name of High School Year of Graduation Returning Dual Credit Student

Name/Address **(Please print)**

Last First Middle

Mailing Address

City State Zip Code

Soc. Sec. No. Date of Birth Home Phone No.

Cell Phone No. Emergency Contact: Contact Phone No.

Student E-mail (frequently checked): **Parent/Guardian E-mail:**

Course Name	Sec.	Loc.

SIGNATURES	
Student's Signature	Date
Parent's Signature	Date
Principal or Counselor's Signature	Date

LSC-O Contact Information: Lisa Sparks (409) 882-3994 lisa.sparks@lsc.edu

Director of Dual Credit: Dr. Gwen Whitehead, Vice President of Academic Affairs

Non-Discrimination Clause

Admission to any of the Texas institutions of higher education and any of their sponsored programs is open to qualified individuals regardless of race, color, gender, sexual orientation, creed, age, national origin or disability.

TSUS/EOI