



Intent to Participate in 2+2 Program

**Student Information** (please print)

**Name:** \_\_\_\_\_  
Last First Middle

Other Last Name Used (\_\_\_\_\_)

**SouthArk Student I.D. Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Month/Day/Year

- Ethnicity:** (optional)
- American Indian,
  - Asian/Pacific Islander,
  - Black/African American,
  - Hispanic,
  - White, Non Hispanic,
  - Non-resident Alien (if you have a copy of your resident alien card, attach copy),
  - Other

**U.S. Citizen:**  Yes,  No **Gender:**  Female,  Male

**Do you qualify as an Arkansas resident?**  Yes,  No **A Louisiana resident?**  Yes,  No

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City

State

Zip Code

**Program Information**

**Beginning Semester at SouthArk:**  Fall,  Spring,  Summer **Year:** \_\_\_\_\_

**Planned Semester Applying to ULM:**  Fall,  Winter,  Spring,  Summer **Year:** \_\_\_\_\_

**Select the ULM program you intend to pursue:**

- Business (Online)
- Criminal Justice B.A. (Online)
- General Studies (BGS) / Business (Online)
- General Studies (BGS) / Social Sciences (Online)
- Healthcare Management / Marketing (Online)
- OTA to Bachelor of Science in Health Studies



By signing this form, I am entering into an agreement with the University of Louisiana at Monroe and SouthArk Community College. I understand that I will be pre-admitted to the University of Louisiana at Monroe without charge. The catalog of record will be the University of Louisiana at Monroe catalog at the time this form is signed and will be valid providing the student completes all degree requirements at ULM within (6) years of the date of the ULM catalog selected. Each participating student will be assigned an academic advisor at the University of Louisiana at Monroe. Participation is predicated upon the successful completion of an applicable Associate's Degree. Further, I certify that all information provided on this form is complete and accurate. I understand that withholding information, or giving false information may make me ineligible for admittance and enrollment at the University of Louisiana at Monroe or SouthArk. I allow the release of my transcripts and grades to both institutions throughout the term of this agreement. If I am a male, U.S. citizen, age 18-25, I also certify that I have registered with the Selective Service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SouthArk Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SouthArk Advisor's Contact Phone Number