

# SU Land-Grant Campus Recruitment Day

September 30, 2017



## Registration Form

### Instructions:

- A. For group registration, complete questions 1-3 and 6.
- B. For parental/guardian or school official registration, complete questions 1-7
- C. Submit Registration Form by September 22, 2017
- D. Please Print or type all required information below.

1. Mode of Transportation? Bus \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Van \_\_\_\_\_
2. Number Juniors or Seniors Attending? \_\_\_\_\_ High School Juniors \_\_\_\_\_ High School Seniors
3. Name of Group (*if applicable*): \_\_\_\_\_
4. Name of Chaperone(s): \_\_\_\_\_
5. Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)
6. Classification and Current GPA: \_\_\_\_\_ High School Junior \_\_\_\_\_ High School Senior \_\_\_\_\_ (GPA)
7. Indicate Department Areas and Concentrations of Interest for Individuals and Groups (*Check all that apply*)

<u>Department:</u>	<u>Agricultural Sciences</u>	<u>Family &amp; Consumer Sciences</u>	<u>Urban Forestry &amp; Natural Resources</u>
<u>Concentration:</u>	<input type="checkbox"/> Agricultural business	<input type="checkbox"/> Apparel Merchandising	<input type="checkbox"/> Urban Forest Science
	<input type="checkbox"/> Agricultural Economics	<input type="checkbox"/> Child Development	<input type="checkbox"/> Urban Forest Management
	<input type="checkbox"/> Animal Science	<input type="checkbox"/> Human Nutrition & Food	<input type="checkbox"/> GIS Applications in Natural Resources
	<input type="checkbox"/> Plant and Soil Sciences		
	<input type="checkbox"/> Pre-Veterinary Medicine		

8. Name of Parent(s) or Guardian(s): \_\_\_\_\_
9. Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)
10. Home Phone No. \_\_\_\_\_ Parent/Guardian Work Phone No. \_\_\_\_\_
11. Parent/Guardian E-mail: \_\_\_\_\_ Student Phone No. \_\_\_\_\_
12. Name and Parish of High School: \_\_\_\_\_

### Register online or submit this registration form via email or fax to the address below:

1. Register online at: [www.suagcenter.com](http://www.suagcenter.com)
2. Email to: [calvin\\_walker@suagcenter.com](mailto:calvin_walker@suagcenter.com) or [renita\\_marshall@suagcenter.com](mailto:renita_marshall@suagcenter.com)
3. Fax to: 225-771-5771, Attn: Dr. C. Reuben Walker or Dr. Renita Marshall
4. Call (337)-344-8634 and/or 225-771-3206, if you have any questions.