

South Central Louisiana Technical College, Young Memorial Campus

Marine Operations On-Line Student Guide

Thank you for using SCLTC—Young Memorial Campus' Able Seaman On-line Course for your training needs. The following document has been created to aid you to successfully maneuver within and complete the program. The following sequential list should be followed:

Initial contact:

- Student contacts SCLTC—Young Memorial Campus' Marine Operations to register for an online course, the student will be placed on the corresponding roster in an Excel spreadsheet. Contact information: 985-385-7036.
- Please be prepared to give the following information:
 - Student name
 - Phone number
 - E-Mail address

After initial enrollment:

- **Application:** Please print, complete, and mail in the application form located at www.coastguardtraining.com with ID and payment of tuition fees. A cashier's check should be made payable to SCLTC—Young Memorial Campus.
- **Identification:** A copy of your government-issued identification (this could be a driver's license, valid state ID or passport). This is required as part of our approval.
- You will also be required to show this government-issued ID to the Proctor so a copy can be made BEFORE taking your final exam.
 - This is used to confirm your identity.
- Students should send their information by certified mail since it will not be the responsibility of SCLTC, Young Memorial for lost mail.

Course Enrollment:

- **Logging on:** A user name and password will be established and e-mailed to you. Modules must be completed as listed. You may begin as soon as you receive your information.
- **Course Materials:** Course material will be provided within the program.
- **Course Length:** The on-line course must be completed within **1 Term** which is approximately 75 days from the actual enrollment date. The Summer terms are half the length of both Spring and Fall Terms so students should ensure that they can complete the course with a 40-day timeframe before enrolling.
- **Course Assistance:** Should the student have questions, an instructor will be available to the student through e-mail, forum, and discussion boards
- **Refunds:** When a student completes the first day of class, tuition will be deposited. One class day in the majority of marine classes equals a third of the total curriculum for that course and because of this no refund will be available once a student attends one full day.
- **Course Incomplete:** If you cannot complete the course within the time limit, you will be issued a grade of U (Unsatisfactory progress) and will have to re-enroll into the course. All previous scores will be erased and you must start course over.
- **Final Exams:** These are required if you are requesting a license from the USCG. The final exams are given by State of Louisiana-approved proctors at SCLTC—Young Memorial's main campus located at 900 Youngs Road in Morgan City, Louisiana. As you work through the class, determine when you want to take the final exam and let us know.

Note: you can take each exam three times. If you fail the third time you **MUST** take the entire course over again! The means retaking all the exams again.



APPLICATION FOR ADMISSION: SCL.206

Please Print Legibly in Black or Blue Ink

For Office Use Only	
Application Date:	_____
Application Status:	_____
Application Fee:	_____
Process By:	_____

Completion of the application process requires submission of an **OFFICIAL TRANSCRIPT** from each postsecondary institution attended. If you have never attended college and graduated from high school prior to May 2003, you must submit an OFFICIAL TRANSCRIPT from the high school that you last attended. Submitting an incomplete or unsigned application will delay the admission process. (Louisiana students, who graduated from high school after May 2003, see page 2 concerning high school transcripts.)***Non-Refundable application fee of \$5 per application submitted****

Online COURSE	MARI #	TUITION	Company	PO#	Payment Method
<input type="checkbox"/> Able Seaman	1261	\$563	_____	_____	<input type="checkbox"/> Billing
			_____	_____	<input type="checkbox"/> Money Order
					<input type="checkbox"/> Cashier Check

STUDENT INFORMATION

Social Security No. ____/____/____ Birthdate: ____/____/____ Gender: Male Female

(Last Name) _____ (First Name) _____ (Middle I) _____ Former Name (If applicable) _____

Mailing Address: Number _____ Street _____ City _____ State _____ Zip Code _____ Parish _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Emergency Contact: Name _____ Relationship _____ Home Phone _____ Alternate Phone _____

Company Name _____ Position or Job Title _____

High School Information High School Diploma <input type="checkbox"/> Yes Year of Graduation _____ <input type="checkbox"/> No Name of High School _____ GPA _____ Rank: _____ Out of _____ Have either your mother or father graduated from a postsecondary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race/Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic /Latino origin <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian		Admission Information/Enrollment Status <input type="checkbox"/> Degree seeking – I intend to complete a certificate, diploma or associate degree program <input type="checkbox"/> Non degree–I am interested in selected courses only and do not intend to complete the entire program <input type="checkbox"/> CDA certification preparatory courses First Time <input type="checkbox"/> First Time <input type="checkbox"/> Re-Entry <input type="checkbox"/> Transfer <input type="checkbox"/> Cross enrolled (pursuing degree at another LTC/College)	
International Student Country of Citizenship _____ Country of Residency _____ Current Visa Status _____ Resident Alien Number _____		Dual Enrollment Info. Are you currently a HS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will you receive HS credit for courses taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		GED Information General Equivalency Diploma (GED) <input type="checkbox"/> Yes If Yes, Year _____ <input type="checkbox"/> No	
Name of Institution _____		City, Parish, State _____		Dates Attended From: Mo/Yr. _____ To: Mo/Yr. _____	
				Degree/Diploma/Certificate _____	

I certify that all the information provided on this form is true and correct.

Signature: _____ Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

CERTIFICATION OF RESIDENCY

How long have you lived in Louisiana? _____ Years _____ Months Out-of-State (Check this box) *

Documentation utilized to verify current residency (only one required).

Tuition will be doubled until student can prove residency status. (EXCLUDING MARINE STUDENTS)

- Louisiana Drivers License # _____ Date of Issue _____
- Louisiana Vehicle Registration # _____ Date of Issue _____
- Louisiana Voter's Registration # _____
- Louisiana Income Tax Return showing tax paid _____ *Please fill in blanks that apply to you.
- Other _____

CERTIFICATION OF SELECTIVE SERVICE REGISTRATION

*Please fill in blanks that apply to you. (Complete the Lettered Item that describes your registration)

I certify that I am not required to be registered with Selective Service because: (Check one reason) *

- _____ I am a female
- _____ I am in the armed services on active duty (Note: Members of the Reserves and National Guard are not considered on active duty)
- _____ I have not reached my 18th birthday
- _____ I was born before 1960
- _____ I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands
- _____ I certify that I am registered with the Selective Service
- _____ I am a Veteran
- _____ I did not intentionally fail to register with the Selective Service during my period of eligibility (If younger than 25, please register with Selective Service at www.sss.gov).

What is your military Selective Service Number? _____

PRIVILEGED INFORMATION RELEASE

I hereby authorized this school's officials or instructors to release information concerning my school records to my parent or guardian, present or former high school, schools to which I may transfer, agencies from which I am receiving financial aid, prospective employers, or other official inquiries. I understand in executing this authorization I waive the right for such information to be privileged and that a photocopy of this authorization shall be as valid as the original.

_____ Yes _____ No *Important, please fill in your choice.

Student's Signature _____ Date _____ *

AUTHORIZATION

- High School Transcript Release Statement of Information Accuracy *
- I do hereby authorize Louisiana public postsecondary education access to my academic records. I certify that all of the information provided on this form is true and correct.

Applicant's Signature: _____ Date: _____

FAMILY INCOME

FOR OFFICE USE ONLY

Family Income (Circle One)		Placement Scores:	ACT	ASSET	COMPASS	TEST DATE
(1) 25,000 +	(2) 24,999 – 15,000	* Reading	_____	_____	_____	____/____/____
(3) 14,999 – 10,000	(4) 9,999 – 5,000	Mathematics	_____	_____	_____	____/____/____
(5) Less Than 5,000		English/Writing	_____	_____	_____	____/____/____
		N/A for Marine Operations Students				

EQUAL OPPORTUNITY STATEMENT

South Central Louisiana Technical College adheres to the equal opportunity provisions of federal civil rights laws and regulations that are applicable to this agency. Therefore, no one will be discriminated against on the basis of race, color, national origin (Title VI of the Civil Rights Act of 1964), sex (Title IX of the Education Amendments of 1972), disability (Section 504 of the Rehabilitation Act of 1976 in attaining educational goals and objectives and in the administration of personnel policies and procedures). Anyone with questions regarding this policy may contact Equal Employment Opportunity Commission at 1-800-669-4000.

PLEASE SUMMIT APPLICATION, IDENTIFICATION, and PAYMENT TO THE ADDRESS BELOW:

SCLTC-YOUNG MEMORIAL CAMPUS

Attn: Marine Department

P. O. Drawer 2148

Morgan City, LA 70381