

LOUISIANA STATE UNIVERSITY EUNICE
APPLICATION FOR STATEMENT OF COMPLETION (TCA)
(Please PRINT complete information)

SEMESTER/YEAR APPLYING FOR

MAILING ADDRESS

NAME _____

PHONE NUMBER-HOME _____

ADDRESS _____

WORK _____

CITY _____ STATE _____ ZIP _____

PRINT NAME EXACTLY AS IT IS TO APPEAR ON YOU STATEMENT OF COMPLETION (TCA), INCLUDE ALL ACCENT MARKS, PUNCTUATION AND SPACING:

FIRST
MIDDLE
LAST

Academic Catalog used for Degree: (ex: 01-02) _____

TECHNICAL COMPETENCY AREAS TO BE AWARDED (check one):

- | | |
|---|--|
| <input type="checkbox"/> TCA: Criminal Justice/Evidence Technology
<input type="checkbox"/> TCA: Hazardous Materials/Evidence Technology
<input type="checkbox"/> TCA: Arson Investigation/Evidence Technology
<input type="checkbox"/> TCA: Security Management/Evidence Technology
<input type="checkbox"/> TCA: Safety Compliance
<input type="checkbox"/> TCA: Environmental Compliance
<input type="checkbox"/> TCA: Accounting Controls & Supervision | <input type="checkbox"/> TCA: Medical Billing
<input type="checkbox"/> TCA: Medical Coding
<input type="checkbox"/> TCA: Medical Transcription
<input type="checkbox"/> TCA: Medical Billing and Coding
<input type="checkbox"/> TCA: Hospitality Supervision
<input type="checkbox"/> TCA: Homeland Security
<input type="checkbox"/> TCA: Quality Management |
|---|--|

Before TCA application can be processed a \$10 fee must be paid to the Business Office at LSU Eunice. Attach payment to this form and bring or mail to the LSU Eunice Business Office, P.O. Box 1129, Eunice, LA 70535. If you notify the Registrar's Office of a change in your completion date *prior* to the ordering of your TCA Certificate, then your \$10.00 TCA fee will be rolled over to the next semester. No rollover, however, can be authorized if you notify the Registrar's Office of a change of date of completion **after** the TCA certificate has been ordered. If your completion plans change, then you will need to re-file a new Application for Statement of Completion indicating your new date of completion and pay the \$10.00 fee.

DATE SIGNATURE SSN and STUDENT NUMBER

AMOUNT DUE: \$10.00 AMOUNT PAID: _____ DATE PAID: _____
METHOD OF PAYMENT: CASH _____ CHECK/MONEY ORDER _____ DEBITED TO FIN. AID ACCT. _____
PAYMENT RECEIPT NO. _____ Distribution: Registrar's Office – Original Business Affairs – Copy