

The University Partnership Biology Cohort

Student Interest Form

Please complete this form and return it to Nadia Leary in the University Partnership Office at Lorain County Community College (UC 104). For accurate processing, please type or print in black ink.

I would like to enroll: Fall Spring Year: _____ LCCC Student Number _____

1.

Last Name First Name Middle Name Preferred First Name

2. Social Security Number ____ - ____ - ____ Other Last Names Used _____

3.

Permanent Address Number Street Name Apartment Number

City, State, Zip Code County (if state is Ohio)

(____) _____
Telephone Number (include area code)

E-mail Address Parent or Alternate E-mail address

The following questions are voluntary; answers will have no adverse effect on the applicant's cohort status.

1. Are you interested in being a Teaching Assistant within the Biology Department? _____

2. Would you be interested in undergraduate research at LCCC? _____
If yes, please indicate area of interest: _____

3. Which track of Biology are you more likely to participate in: Pre-Professional _____
Biotechnology _____

Signature _____ Date _____