

The University Partnership Environmental Science 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).

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

Signature _____ Date _____