

# Credit Course Registration Form

<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Year _____		

PRINT CLEARLY - Use blue or black ballpoint pen

NAME - Last ↓	First ↓	MI	Former/Maiden	Social Security Number):	Student number
				— —	

ADDRESS: \_\_\_\_\_ APT.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Area Code Area Code Month Day Year

E-mail Address: \_\_\_\_\_

COUNTY OF RESIDENCY: \_\_\_\_\_ HOW LONG HAVE YOU BEEN AT THIS ADDRESS \_\_\_\_\_

CURRICULUM \_\_\_\_\_ ARE YOU A TRANSIENT STUDENT?  YES  NO

**PLEASE NOTE:**

To assure accurate maintenance of your academic records, you must complete a "Change Of Information" form if any of your personal data has changed since your last enrollment.

Place AU here to audit course

	COURSE		LECTURE		LAB		CLINICAL		CREDIT
	SUBJECT	NUMBER	Section	Class Nbr	Section	Class Nbr	Section	Class Nbr	HOURS
	EX:BIOG	121	AE11	1765	AL11	1766			4
<b>TOTAL ⇨</b>									

**Credit Course Refund Policy:**

A refund will first be applied to any outstanding balance owed to the College. No refund will be made in cash. To initiate a refund of credit fees paid for any term, a student must complete the drop/withdrawal process as prescribed by the College (see current LCCC catalog for full policy).

Refund of fees paid for full semester courses will be calculated on the following basis: 100% if the class is cancelled by the College; 100% if the course is dropped by the student before the first scheduled day of the semester; 80% if the schedule adjustment is initiated during the first eight calendar days of the semester; 40% if the withdrawal is initiated during the period between the 9<sup>th</sup> and 15<sup>th</sup> calendar days of the semester.

Refunds for credit courses offered differently than the traditional semester calendar will be calculated proportionately and consistent with institutional policy.

I hereby certify that I have met the requirements of the Assessment process and that my Personal Data is correct.

I authorize a representative of LCCC to use my credit card(s) for payment of this term's tuition and fees in the event that I choose to make payment by phone or by mail.

_____ Student Signature	_____ Date
_____ Counselor/Advisor Signature	_____ Date
_____ Registered By	_____ Date

Lorain County Community College ♦ Enrollment Services

1005 North Abbe Road ♦ Elyria, Ohio 44035-1691

♦ (440) 366-4032 or 1-800-995-5222 ex 4032