



DUAL ENROLLMENT Course Registration

Semester & Year _____

Issued By _____ Center

Please Print

Social Security# _____

Name _____
last first middle initial

Sex: Male _____ Female _____

Address _____

_____ city state/zip county

Telephone: Home _____

Mobile _____

Email: _____

Date of Birth _____

High School Attended _____

Graduation Date ____/____/____

Is this the first time you have taken college courses?

Yes _____ No _____

Have you previously attended Lackawanna College:

_____ Yes _____ No

_____ Please check if address has changed

Please check total credits hours earned to date at Lackawanna

___ 0-15 ___ 46-60
 ___ 16-30 ___ over 60
 ___ 31-45

American Citizen: _____ Yes _____ No

Permanent Resident: _____ Yes _____ No

Visa Type _____

Check appropriate ethnicity:

___ White/Non Hispanic ___ Asian/Pacific Islander
 ___ American Indian/Alaskan ___ African American/Non Hispanic
 ___ Hispanic ___ Non- Resident Alien

CHECK APPROPRIATE CATEGORY:

Dual Enrollment

_____ High School Attending

_____ Advisor Approval

Student Responsibilities

Students transferring credit to another college should check with the receiving institution for transfer procedures. Students should refer to the college catalog for all college policies and course pre-requisites before registering for classes.

Registration for the purpose of transfer is contingent upon written documentation that the home institution has approved enrollment, that any prerequisite requirements have been completed.

Courses To Be Taken

Course Code	Title Of Courses	Check If Repeated Course

Business Office _____

I accept registration in Lackawanna College subject to all rules, regulations and requirements as to conduct, and financial obligations as set forth in the catalog. I am aware of Lackawanna College's refund policy.

WHITE - Registrar
 YELLOW - Business Office
 PINK - Admissions
 GOLD - Student

Date _____ Signature _____



DUAL ENROLLMENT Course Registration

Semester & Year

Issued By _____ Center

Please Print

Social Security# _____

Name _____
last first middle initial

Sex: Male _____ Female _____

Address _____

city state/zip county

Telephone: Home _____

Mobile _____

Email: _____

Date of Birth _____

High School Attended _____

Graduation Date ____/____/____

Is this the first time you have taken college courses?

Yes _____ No _____

**Have you previously attended
Lackawanna College:**

_____ Yes _____ No

_____ Please check if address has changed

Please check total credits hours earned to date
at Lackawanna

___ 0-15 ___ 46-60
___ 16-30 ___ over 60
___ 31-45

American Citizen: ___ Yes ___ No

Permanent Resident: ___ Yes ___ No

Visa Type _____

Check appropriate ethnicity:

___ White/Non Hispanic ___ Asian/Pacific Islander
___ American Indian/Alaskan ___ African American/Non Hispanic
___ Hispanic ___ Non- Resident Alien

CHECK APPROPRIATE CATEGORY:

Dual Enrollment

High School Attending

Advisor Approval

Student Responsibilities

Students transferring credit to another college should check with the receiving institution for transfer procedures. Students should refer to the college catalog for all college policies and course pre-requisites before registering for classes.

Registration for the purpose of transfer is contingent upon written documentation that the home institution has approved enrollment, that any prerequisite requirements have been completed.

Courses To Be Taken

Course Code	Title Of Courses	Check If Repeated Course

Business Office _____

I accept registration in Lackawanna College subject to all rules, regulations and requirements as to conduct, and financial obligations as set forth in the catalog. I am aware of Lackawanna College's refund policy.

Date _____ Signature _____

WHITE - Registrar
YELLOW - Business Office
PINK - Admissions
GOLD - Student