



DUAL ENROLLMENT Course Registration

Semester & Year _____

ID # _____

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 _____/_____/_____

**Have you previously participated in
Dual Enrollment at Lackawanna College:**

_____ Yes _____ No

_____ Please check if address has changed

**Please check total credits hours earned to date
at Lackawanna**

___ 0-15 ___ 16-30

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. Registration for the purpose of transfer is contingent upon approval from the home institution. I am aware of Lackawanna College's refund policy.

*** By signing below, I understand that I am responsible for tuition costs and that transfer of credit cannot be guaranteed by Lackawanna College. The transfer of credit is at the discretion of the institution receiving the credit.

Courses To Be Taken

Course Code	Title Of Courses	Check If Repeated Course

Business Office _____

Date _____ Parent Signature _____

Date _____ Signature _____

WHITE - Registrar
YELLOW - Business Office
PINK - Student