

# LUZERNE COUNTY COMMUNITY COLLEGE

## OFF-CAMPUS REGISTRATION FORM

**PLEASE PRINT CLEARLY**

Social Security Number or Student ID Number

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Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Semester \_\_\_\_\_

Address \_\_\_\_\_

Curriculum (major) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Enrollment Status:

Please list two telephone numbers:

Full-Time \_\_\_\_\_ Day \_\_\_\_\_

Business or Day ( ) \_\_\_\_\_

Part-Time \_\_\_\_\_ Even \_\_\_\_\_

Home ( ) \_\_\_\_\_

Educational Goal:

☐ Degree

☐ Non-Degree

Last semester attended at LCCC \_\_\_\_\_

SAMPLE	Course Letter & Number					Section			Course Title	Cr.	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	E	N	G	I	O	I	H	A	5								
									English Comp. I	3	8-8:55		8-8:55		8-8:55		

Total Credits

Student Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_



# APPLICATION FOR ADMISSION

## PERSONAL INFORMATION

Have you previously attended LCCC? ☐ Yes ☐ No

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Name: \_\_\_\_\_

Last

First

Middle initial

Former/Maiden Name: \_\_\_\_\_

Last

First

Permanent Address: \_\_\_\_\_

Street

Apartment #

City

State

Zip code

County of Residence: \_\_\_\_\_

Telephone: ( ) \_\_\_\_ - \_\_\_\_ Work: ( ) \_\_\_\_ - \_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

How did you become aware of LCCC? ☐ Brochure

☐ High School visit ☐ Website ☐ Television

☐ Billboards ☐ College Fair ☐ Teacher/Counselor

☐ Newspaper ☐ Radio ☐ Mail ☐ Campus visit

☐ Word of mouth ☐ Other \_\_\_\_\_

*The information for the following questions is required for state and federal statistical purposes only. Responses will not be used to determine admission*

Gender: ☐ Male ☐ Female

Race: (select one or more)

☐ American Indian or Alaska Native

☐ Asian ☐ Black or African American

☐ Hawaiian Native or other Pacific Islander

Ethnicity: (select one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ White

## ACADEMIC INFORMATION

Semester you plan to enroll? ☐ Fall (August) ☐ Spring (January) ☐ Summer (June-July) Year: 20\_\_\_\_

Campus Location: \_\_\_\_\_ (Code) - Please enter the location code from the previous page of this application  
Full-time day students should use (MC) for campus location

### Current Educational Goal & Curriculum Code

Please enter your Curriculum Code from the left side of this application in **one** of the following categories (A - H):

**A. Earn an Associate Degree, then work.**

AAS. \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. Earn an Associate Degree, then transfer to another college or university.**

AS. \_\_\_\_/\_\_\_\_/\_\_\_\_ or AA. \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. Earn a Certificate**

CS. \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Earn a Diploma**

D. \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. Enroll in courses, then transfer to another college or university.**

AS. \_\_\_\_/\_\_\_\_/\_\_\_\_

**F. Other - Personal or job improvement (select any major and code from list)**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**G. Visiting Student - Enrolled at another college / university and transferring credits to that institution.**

AS. \_\_\_\_/\_\_\_\_/\_\_\_\_

**H. High School Student - Dual Enrollment, Young Scholar, Early Admission**

AS. \_\_\_\_/\_\_\_\_/\_\_\_\_

#### NOTE:

Financial Aid is available only to students seeking a degree, certificate, or diploma or planning to transfer to a four-year institution to earn a degree.

Are you a citizen of the United States? ☐ Yes ☐ No (If no, then please complete next four items)

1. Country of citizenship: \_\_\_\_\_
2. Permanent Residency Card # (Submit copy of residency card): \_\_\_\_\_
3. Foreign Student (F1 Student - submit copy of visa): \_\_\_\_\_
4. Other Visa (Submit copy of visa): \_\_\_\_\_

Is English your first language? ☐ Yes ☐ No If no, what is your first language? \_\_\_\_\_

Are you applying for Veteran's Educational Benefits? ☐ Yes ☐ No

Do you plan to enroll at LCCC full or part-time?

☐ Full-time Day (12 or more credits) ☐ Part-time Day (1-11 credits)

☐ Full-time Evening (12 or more credits) ☐ Part-time Evening (1-11 credits)

### HIGH SCHOOL INFORMATION

Are you currently in High School? ☐ Yes ☐ No

Did you graduate from High School? ☐ Yes ☐ No

Have you earned a General Equivalency Diploma (GED)? ☐ Yes ☐ No If yes, what year? \_\_\_\_\_

Name of High School: \_\_\_\_\_

City, State: \_\_\_\_\_

Year Graduated or will graduate: \_\_\_\_\_

### COLLEGE INFORMATION

Have you attended another college or university? ☐ Yes ☐ No

List college/university:

- |                    |             |
|--------------------|-------------|
| 1. _____           | _____       |
| College/University | City, State |
| 2. _____           | _____       |
| College/University | City, State |
| 3. _____           | _____       |
| College/University | City, State |

**NOTE:**  
Please send official college/  
university transcripts to the  
LCCC Registrar's Office.

Do you plan to transfer these credits to LCCC? ☐ Yes ☐ No

### CERTIFICATION OF RESIDENCE

A bona fide resident of Luzerne County as interpreted for the Community College's admission requirements must have established legal residence in the county or, if under 18, resides full-time with his/her parents or legal guardian. The College cannot accept your application without the completion of the certificate of residence. All applicants must provide proof of residency of the county in which they reside. Pennsylvania State Code (Chapter 35 § 35.296) requires an out of state student to be a resident of the Commonwealth for twelve months prior to registration to meet residency requirements.

**Please complete only one:**

High School Principal/Counselor: \_\_\_\_\_  
Signature

Notary Public: \_\_\_\_\_  
Signature & Seal

Other: \_\_\_\_\_  
Signature

### SIGNATURE OF APPLICANT

I certify that all information contained on this application is true and accurate.

Parent/Guardian: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Thank you for considering Luzerne County Community College for your educational and career goals.