

LANSING COMMUNITY COLLEGE

Community and Continuing Education (CCE)

OPEN-ENROLLMENT REGISTRATION FORM

(Please Print)

Last Name:	First Name:	M.I.:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MO/DAY/YR):	Home Phone: ()	<input checked="" type="checkbox"/>	Cell: ()
Current LCC Student #: X	E-mail Address*:		
*LCC will communicate to students via the LCC student email account. Please contact our office for assistance on how to access your LCC student email.			
Address:	<input checked="" type="checkbox"/>	Apt:	
City:	State:	Zip:	

Student Signature: _____ Date: _____

EASY WAYS TO REGISTER:	- NEW STUDENTS ONLY -		
1. ONLINE - www.lcc.edu/lifelong 2. PHONE - (517) 483-1415 3. FAX - (517) 483-9805 4. MAIL or IN PERSON - Mail completed registration form to or drop by: Community and Continuing Education Lansing Community College 6000W - West Campus Building 5708 Cornerstone Dr Lansing MI 48917	Ethnicity:	Race: <i>(check all that apply)</i>	Citizenship:
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Decline to answer	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident (green card) <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Political Asylum <input type="checkbox"/> F1 or M1 Visa <input type="checkbox"/> G, H, or L Visa <input type="checkbox"/> All other statuses
REFUND AND CANCELLATION POLICY FOR VARIABLE START CCE COURSES. For CCE Refund Policy, please call (517) 483-1415 for information. We will notify you by phone or email if a course is canceled by LCC. A full refund will be sent to you. No further action is required on your part to receive a refund for canceled classes.			
Admit to the Following Semester:			

COURSE SELECTIONS							
CRN	CODE	Course Name	"X" if Audit	Start/End Dates	Start/End Times	Location	Cost
							\$
							\$
							\$
							\$

The Student Finance Office accepts payment for classes <u>after</u> you have registered. Payment is due at the time of registration.	
PAYMENT INFORMATION: (Make checks PAYABLE to: Lansing Community College) non-starter checks only	
Mail to: <i>(Please include your student number on your check)</i> Student Finance Lansing Community College 309 N Washington Square Suite 200 Lansing MI 48933	Pay Online: Use Flex-Registration available on our website www.lcc.edu/lifelong - or - via your Banner Self-Service Account
<input type="checkbox"/> Tuition Waiver - LCC Employee Name: _____	

PX Hold Yes <input type="checkbox"/> thru ___/___/___	Total Amount Due: \$	
<p>LANSING COMMUNITY COLLEGE Community and Continuing Education</p>	FOR STAFF USE ONLY	
	Received at: <input type="checkbox"/> EAST / WCB <input type="checkbox"/> LIVCEN <input type="checkbox"/> STJCCC <input type="checkbox"/> CAMW	Initial ↓
	Received on: ___/___/___ <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Walk-in	
	Faxed to Admissions: ___/___/___ Time: AM / PM	
	Entered in Banner: ___/___/___ Time: AM / PM	
Registered student notified to complete payment: ___/___/___		