LUZERNE COUNTY COMMUNITY COLLEGE REGISTRATION FORM

521 Trailblazer Drive, Nanticoke, PA 18634

LCCC F-94A
Revised 7/2021

LUZERNE County Community College

STUDENT I.D. :_____

Term: ❑ **Fall** **Year: 20 _____**
❑ **Spring**
❑ **Summer I (4, 6, 8 or 11 Weeks)**
❑ **Summer II (4 or 6 weeks)**
❑ **Winter Intersession**

STUDENT NAME:_____

ADDRESS:_____

DATE:_____ PHONE NUMBER: ( )_____ CURRICULUM: _____

STUDENT INITIALS

_____ **I acknowledge financial responsibility for the selected course(s) if they are not cancelled by the College or if I do not submit a withdraw form prior to the start of the semester, even if I do not attend my class(es).**

_____ **I acknowledge that course(s) outside of my declared major will not be financial aid eligible.**

COURSE SELECTIONS

	Course No. & Section	Course Title	Credits	Class Times Mon.	Tues.	Wed.	Thur.	Fri.	Campus Location	Room
SAMPLE	ENG-101-HA5	English Composition I	3	8-8:55		8-8:55		8-8:55	HAZ.	111

Alternate Courses* **Total Credits _____**

***NO ALTERNATE COURSES MAY BE SELECTED IN PLACE OF DEVELOPMENTAL COURSES.**

Student Signature_____**Counselor/Advisor Signature**_____ **Campus/Location**_____

Counselor's Comments:_____

This Registration Form may be submitted in-person or through your LCCC student e-mail account.

White Copy: Registrar's Office • Yellow Copy: Student • Pink Copy: Counseling