



LUZERNE COUNTY COMMUNITY COLLEGE REGISTRATION FORM

1333 S. Prospect Street, Nanticoke, PA 18634

LCCC F-94A
Revised 4/2018

STUDENT I.D. or
SOC. SEC. NUMBER: _____

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: _____ DAY PHONE NUMBER: () _____ MAJOR: _____

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

SAMPLE	Course No. & Section									Course Title	Credits	Class Times					Campus Location	Room
	E	N	G	1	0	1	H	A	5			Mon.	Tues.	Wed.	Thur.	Fri.		
	E	N	G	1	0	1	H	A	5	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.