



# 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 |
|-------------|------------------|--------------------------|
|             |                  |                          |
|             |                  |                          |
|             |                  |                          |
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|             |                  |                          |

Business Office \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

WHITE - Registrar  
YELLOW - Business Office  
PINK - Student