LUZERNE COUNTY COMMUNITY COLLEGE
EARLY COLLEGE PROGRAM • REGISTRATION FORM

_____

STUDENT NAME   LCCC STUDENT ID NUMBER   DATE

_____

ADDRESS   CITY   STATE   ZIP

_____

HOME TELEPHONE #   CELL #   E-MAIL

HIGH SCHOOL ADMINISTRATOR/COUNSELOR SECTION

_____

HIGH SCHOOL ADMINISTRATOR/COUNSELOR *(please print)*   TITLE

_____

HIGH SCHOOL NAME   GRADE LEVEL   DATE OF GRADUATION (MM-YYYY)

I, _____ am recommending the above student for participation in Luzerne County Community College's Early College Program.

YEAR: 20_____

TERM: ❏ **Fall**   ❏ **Winter Intersession**   ❏ **Spring**   ❏ **First Summer**   ❏ **Second Summer**   *(Select One)*

	Course			Number			Section			Course Title	Cr.	Mon	Tues	Wed	Thur	Fri	Sat	Sun
EXAMPLE	P	S	Y	1	0	3	0	0	1	*General Psychology*	3	8:00 - 8:55		8:00 - 8:55		8:00 - 8:55		
								Total Credits										

PARENT/GUARDIAN SECTION

I certify all information contained on this form for the Early College Program is true and accurate. I agree Luzerne County Community College may release my LCCC educational record to high school officials while I am also enrolled in high school.

_____

APPLICANT SIGNATURE   DATE

_____

PARENT/GUARDIAN SIGNATURE   DATE

➡ **Please complete the Early College Application prior to submitting this registration form** ⬅
https://www.luzerne.edu/admissions/earlycollege/

PARENT/GUARDIAN
INITIALS HERE

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

Return registration form to: earlycollege@luzerne.edu • Phone: 570-740-0482 • Fax: 570-740-0356