

LUZERNE COUNTY COMMUNITY COLLEGE

EARLY COLLEGE PROGRAM ◆ REGISTRATION FORM

STUDENT NAME	SOCIAL SECURITY NUMBER OR STUDENT ID NUMBER	DATE
ADDRESS	CITY	STATE
HOME TELEPHONE #	CELL #	E-MAIL

HIGH SCHOOL ADMINISTRATOR/COUNSELOR SECTION

HIGH SCHOOL ADMINISTRATOR/COUNSELOR (<i>please print</i>)	TITLE	
HIGH SCHOOL NAME	GRADE LEVEL	DATE OF GRADUATION

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

YEAR: 20 _____

TERM: Fall Spring Full Summer First Summer Second Summer Intermediate Summer

Course			Number			Section			Course Title	Cr.	Mon	Tues	Wed	Thur	Fri	Sat	Sun
E	N	G	1	0	1	H	A	5	English Comp. I	3	8-8:55		8-8:55		8-8:55		
Total Credits																	

PARENT/GUARDIAN SECTION

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

Applicant Signature	Date
Parent/Guardian Signature	Date

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 withdraw form prior to the start of the semester, even if I do not attend my class(es).

