



DUAL ENROLLMENT Course Registration

Semester & Year _____

Lackawanna ID # _____

Please Print

Social Security# _____

Name _____
last first middle initial

Sex: Male _____ Female _____

Address _____

city state zip

Telephone: Home _____

Mobile _____

Email: _____

Date of Birth _____

High School Graduation Year _____

**Have you previously participated in
Dual Enrollment at Lackawanna College:**

_____ Yes _____ No

_____ Please check if address has changed

**I am interested in more information regarding Lackawanna
College's "Level Up" program: _____ Yes _____ No**

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

_____ Lackawanna 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

Date _____ Parent Signature _____

Date _____ Student Signature _____

WHITE - Registrar

YELLOW - Student