REGISTRATION CARD

LAST NAME | FORMER NAME(S) | FIELD OF STUDY

SEE REVERSE SIDE

FIRST NAME | MIDDLE NAME

LMC ID – – | SSN – *Complete IRS form W-9S** or inform Generalist at registration*

HOME PHONE

STREET NUMBER | STREET NAME | APT/LOT NO. | CELL PHONE

CITY | STATE | ZIP CODE | CELL PHONE PROVIDER

COUNTY | BIRTHDATE MM/DD/YY

EMAIL

RESIDENCY RATE CODES (Check One)

- ❑ **IN – DISTRICT** – Legal resident or property owner of Berrien County, Niles 41927 zip code, Covert Twp. or South Haven Pubic School District
- ❑ **IN-STATE** – Legal resident of other Michigan county
- ❑ **OUT-of-STATE** – Legal resident of other US state
- ❑ **INTERNATIONAL** – Non US citizen

- ❑ **MILITARY** – Active, Veteran, or Dependent

Branch_____

- ❑ **FULL TIME FACULTY** or **STAFF**
- ❑ **SENIOR CITIZEN** Berrien County, Covert County or South Haven

- ❑ **U.S. CITIZEN**
- ❑ **NON-U.S. CITIZEN**

If non U.S. Citizen:

Country_____

Visa Type_____

Permenant Resident? _____

Subject	Course Reference Number (CRN)	Course Title	Contact Hours	Credit Hours	AU* ✔	
example: MATH 100						

CRN	Faculty/Advisor/Dean – Statement of what is to be overridden and why	Faculty/Advisor/Dean signature:

LAKE MICHIGAN COLLEGE

SEMESTER (Check One) **YEAR**_____

❑ Fall ❑ Spring ❑ Winter ❑ Summer

STUDENT STATUS (Check One)

- ❑ Never attended any College
- ❑ Took LMC college credit in High School
- ❑ Previous attendance at LMC, returning or Transferring back
- ❑ Never attended LMC, transfer from another college
- ❑ Guest

EDUCATIONAL GOAL (Check One)

- ❑ Associate Degree
- ❑ Associate Degree + Transfer
- ❑ Certificate
- ❑ Transfer
- ❑ Career Advancement
- ❑ Career Change
- ❑ Improve Existing Skills
- ❑ Personal Interest
- ❑ Other

GENDER (Check One)

❑ Male ❑ Female

ETHNICITY/RACE

Are you Hispanic or Latino? ❑ **Yes** ❑ **No**

Check one or more:

- ❑ White
- ❑ Black of African American
- ❑ Asian
- ❑ American Indian or Alaskan Native
- ❑ Native Hawaiian or Pacific Islander

FOR OFFICE USE ONLY

Processed by:_____

Date: _____

By signing this form I agree that I am fully responsible to ensure payment arrangements for tuition and fees for the above courses unless I initiate a DROP within the published DROP dates for this semester. I understand a WITHDRAWAL does not merit a refund of tuition and fees.

*AU – Audit (Taking class for no credit) Tuition & Fees apply

** Tax Benefits for Education

STUDENT SIGNATURE: _____ **ADVISOR SIGNATURE:** _____