



LAKE ERIE

COLLEGE

440.375.7010
registrar@lec.edu

Registration Form

Student ID# _____ Fall Spring Summer _____
Year

Program: Undergrad Post Bacc MBA MEd MPS Endorsement

Student Name _____

Address _____ City & State _____ Zip Code _____

Phone _____ Email _____

Course No.	Section	Title	Cr. Hrs.	Days	Time

Alternative Courses

Course No.	Section	Title	Cr. Hrs.	Days	Time

Advisor Signature and Date _____

I acknowledge that registration for courses at Lake Erie College creates an obligation to pay tuition, fees, room, meals, and other related expenses. I accept full financial responsibility for each registered course and all associated charges applied to my student account. If I do not make the required payment in accordance with the scheduled due dates and my account becomes past due, I agree to pay late fee charges equivalent to \$50/month up to \$200/semester. I further understand and agree that my account may be referred to a collection agency if I fail to make timely payment, and I will pay all collection costs associated with such a referral, including but not limited to attorney fees and court costs. I understand and agree that my financial obligation to Lake Erie College constitutes an education load to assist in financing my education and therefore, is not dischargeable under the United States Bankruptcy Code section 523 (a) (8). I understand and acknowledge these terms.

Student Signature and Date _____