



# LAKE ERIE

## COLLEGE

440.375.7010  
registrar@lec.edu

### Study Abroad Registration Form

Student ID# \_\_\_\_\_  Fall  Spring  Summer \_\_\_\_\_  
 Year \_\_\_\_\_

Student Name \_\_\_\_\_

College or University Name and County \_\_\_\_\_

Register me for IS 270 Special Topics, Study Abroad, 12 SH. I will update my courses with the Study Abroad Coordinator as soon as possible after arrival.

**-OR-**

Course No. Title Cr. Hrs.

Course Equivalency or Substitution at LEC: \_\_\_\_\_ Dean Initial for Substitution: \_\_\_\_\_

Course No. Title Cr. Hrs.

Course Equivalency or Substitution at LEC: \_\_\_\_\_ Dean Initial for Substitution: \_\_\_\_\_

Course No. Title Cr. Hrs.

Course Equivalency or Substitution at LEC: \_\_\_\_\_ Dean Initial for Substitution: \_\_\_\_\_

Course No. Title Cr. Hrs.

Course Equivalency or Substitution at LEC: \_\_\_\_\_ Dean Initial for Substitution: \_\_\_\_\_

Course No. Title Cr. Hrs.

Course Equivalency or Substitution at LEC: \_\_\_\_\_ Dean Initial for Substitution: \_\_\_\_\_

**I understand that I am responsible for all tuition and other fees associated with my registration, less any applicable financial aid and/or miscellaneous credits. Any changes to the courses will be reported to the Study Abroad Coordinator immediately.**

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Advisor Signature and Date

\_\_\_\_\_  
Study Abroad Coordinator Signature and Date

\_\_\_\_\_  
Registrar's Office Signature and Date