



LAKE ERIE

COLLEGE

OFFICE OF REGISTRAR

Registrar's Office 391 W. Washington Street Painesville, Ohio 44077
440.375.7010 Fax: 440.375.7014 Email: registrar@lec.edu

Life Long Learning / Transient Student Application

Semester and Year Applying For: Fall Spring Summer Year _____

Full Name: _____ Social Security #: _____

Street Address: _____ City/State: _____

Zip Code: _____ Telephone #: _____ Cell #: _____

Date of Birth: _____ email address: _____

Have you previously attended Lake Erie College? Yes No If yes, what dates? _____

Person to notify in case of emergency:

Full Name: _____ Relationship: _____

Street Address: _____ City/State: _____

Zip Code: _____ Telephone #: _____

Type of Non-Matriculated Student:

___ I have no degree aspirations at this time.
I am enrolling as ___ Alumni Audit ___ Senior Citizen Audit ___ Life Long Learner

___ I am a visiting student and plan to transfer my Lake Erie College credits to _____
**Complete the required Transient Student section (school/college/university name)

___ I am applying for the Laboratory Safety Standards certificate.

___ I am applying for the HVACR Program.

The following questions are used solely for reporting purposes.

Citizenship: (Select one)

- I am a U.S. Citizen
- I am a Legal Permanent Resident
- I am a Nonresident Alien

Visa Type _____

Ethnicity: (Select one)

- Hispanic/Latino
- Not Hispanic/Latino

Gender: (Select one)

- Male Female

Race: (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Transient/Cross Registration Student Section

Transient students are those pursuing a degree at another institution who wish to take a course during the summer, fall or spring term at Lake Erie College. Cost for undergraduate or graduate coursework is the Tuition and College Fee per credit hour according to the Tuition and Fee Schedule.

Cross registration students are those pursuing a degree at Northeast Ohio higher education institutions and wish to take one course during the fall or spring term at Lake Erie College while enrolled full-time at their home institution. Tuition and fees are waived by agreement between the institutions.

To be completed by the home institution:

I certify that the student is in good academic standing and has the permission from the home institution to enroll in courses at Lake Erie College.

___ The student will be using the cross registration option. I certify the student is full-time status at the home institution.

Signature of Certifying Official

Title

Date

I understand the course prerequisites and confirm that I have met them.

Student Signature

Date

The student must also submit a Lake Erie College Registration Form for the specific classes requested. Transient students are not eligible for Federal Financial through Lake Erie College.

Final grades are not automatically sent from Lake Erie College to you home institution. You must request an official transcript upon completion of the course(s).

Please read and sign:

I agree to comply with all the rules and regulations of Lake Erie College. I recognize that any misleading information given by me as part of this application may be grounds for dismissal. I further agree to authorize Lake Erie College to publish for public relations purposes any photographs in which I may appear. I understand that I will be a non-matriculated part-time student at Lake Erie College. I will complete a degree application through the Admissions Office if I wish to pursue a degree program or teacher certification.

Applicant's Signature: _____ Date: _____

Registrar's Office Use Only:

Date Received: _____ Date Approved: _____

Issued LEO Account: _____ Requested Computer Account: _____

Non-Degree Seeking Student Policy Issued to Student _____ Staff Initials: _____ Date: _____



Life Long Learner/Transient Registration Form

391 W. Washington Street
Painesville, Ohio 44077
440-375-7010 440-375-7014 Fax

PLEASE PRINT

Student ID # _____

Semester Year

Program: Undergrad. Post Bach. MBA MEd Endorsement

Student Name (Full Name) _____

Course No.	Section	Title	Cr. Hrs.	Days	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Alternative Courses

Course No.	Section	Title	Cr. Hrs.	Days	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your signature on this form indicates that you understand your financial obligation to the College. 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.

Student Signature _____ Date _____

Registrar Signature _____ Date _____