Registration Worksheet

Lincoln Land Community College
5250 Shepherd Road, P.O. Box 19256, Springfield, Illinois 62794-9256

Fall

Please print legibly with a pen.

Complete legal name: Last_____ First_____ M.I. _____

Student I.D. Number: _____ Birth date (numbers please) _____/_____/_____

Senior citizen tuition waiver: 65 or older Y / N

Complete legal address:
street address, apt or P.O. box number _____

Zip:_____ City:_____ State:_____ County: _____

Phone: home_____ day/bus._____ ext._____ E-mail: _____

Emergency information: Contact:_____ Phone: _____

Program/Field of Study — Please verify your current program at the time of registration. Refer to listing on the back of this form.

Educational goals, please circle one:

1. To prepare for transfer to a college or university
2. To improve skills for my present job.
3. To prepare for a future job immediately after attending LLCC.
4. To prepare for the GED test or improve my basic academic skills.
5. For personal interest/self development, not career oriented.
6. Other

Certificate, degree objective, please circle one:

1. Course(s) only
2. To complete a certificate
3. To complete an Associate degree

Admission status, please circle one:

1. First time college
2. New, pre-college
3. Transfer to LLCC
4. New general studies
5. Continuing - enrolled at LLCC last term
6. Moved to college level from other
7. Returning to LLCC - not enrolled last term

Indicate highest degree earned, please circle one:

1. HS diploma
2. GED, date _____
3. Some college
4. Certificate
5. Associate
6. Baccalaureate
7. Masters
8. Doctorate
9. Other
10. None
11. Still in High School

Students attending LLCC from another community college district please answer the following:

Do you have a current chargeback agreement: Yes / No College:_____

I am currently enrolled in a: _____ Co-Op program _____ Joint Agreement Program _____ Neither

Signature: _____ ***Date:*** _____

I verify that all information as provided is accurate and truthful as of today's date

A. Restriction status

(Counselor/Adviser Use Only)

Register this student taking into account the following restrictions(s):

☐ Add restriction(s) .....#_____

☐ Remove restriction(s) .....#_____

☐ Maintain restriction(s) .....#_____

_____
Counselor/Adviser signature

Date _____

OPER

Lincoln Land Community College is an equal opportunity educational institution and an equal opportunity employer.

B. Registration instructions

Register this student for the following courses only:

Course and course number	section number	Credit

Registry for audit available only the week of late registration.

Other instructions:

_____

_____