



TERM

YEAR

FALL      SPRING      SUMMER

FIRST NAME

MIDDLE INITIAL

LEGAL LAST NAME

LLCC STUDENT ID NUMBER

### REGISTER

COURSE	NUMBER	SECTION

### DROP OR WITHDRAW

COURSE	NUMBER	SECTION	D/W

### STUDENT SIGNATURE

I understand I am personally responsible for the full amount assessed because of my registration and attendance. If I drop or withdraw or am dropped or withdrawn from classes after the tuition refund date for any given academic term, I am personally responsible for the full amount assessed regardless of my eligibility for Financial Aid. I verify that all information as provided is accurate and truthful as of today's date.

Late Registration Fee: Students are charged a \$20 fee per class added after the start of a term.

Refund Policy: Please see your course schedule or college catalog for refund dates and policy information.

STUDENT SIGNATURE *(original signature required on printed form)*      DATE

*The following section is for LLCC staff only.*

### SUCCESS COACH COMMENTS (note any restrictions)

SUCCESS COACH SIGNATURE:

DATE:

PROCESSED BY REG STAFF:

DATE: