



Registration Worksheet

Lincoln Land Community College

5250 Shepherd Road, P. O. Box 19256, Springfield, IL 62794-9256

Summer

Please print legibly with a pen.

Complete Legal Name: Last: _____ First: _____ M.I.: _____

Student ID No.: _____ Date of Birth: ____/____/____ Male ☐ Female ☐

Complete Legal Address:

Street Address, Apt. No. or P.O. Box No.: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____ Work: _____

Emergency Information: Contact Name: _____ Phone: _____

Signature: _____ Date: _____

I understand I am personally responsible for the full amount assessed as a result 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 If I drop or withdraw or am dropped or withdrawn from classes after the tuition refund date for any given academic term, I am personally responsible for the full amount assessed regardless of my eligibility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: A one-time fee of \$20 will be assessed for students enrolling after the start of classes.

Refund Policy: Please refer to the course schedule or college catalog for refund dates and policy information.

REGISTRATION INSTRUCTIONS

Please list course number, section number, and credits for each class.

Course No.	Section No.	Credits	Course No.	Section No.	Credits
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

Auditing a Class: Registration for audit is available only during the week of late registration. Audit forms are available at Registration Services. Please refer to the college catalog for auditing dates.

A. RESTRICTION STATUS

(Counselor/Advisor use only)

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

- ☐ Add restriction(s) # _____
- ☐ Remove Restriction # _____
- ☐ Maintain restriction # _____

Counselor/Advisor Signature

Date

B. OTHER INSTRUCTIONS

(Counselor/Advisor use only)

Counselor/Advisor Signature

Date

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