

Student ID# ___

440.375.7010 registrar@lec.edu

Spring

Summer

Registration Form

☐ Fall

Program:	Undergrad	☐ Undergrad ☐ Post Bacc ☐ MBA ☐ MEd		☐ MEd	☐ MPS	Endorsem	Endorsement	
Student Name								
Address		City & State				Zip Code		
Phone				Email				
Course No.	Section	Title			Cr. Hrs.	Days	Time	
Course No.	Section	Title			Cr. Hrs.	Days	Time	
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			—— Alterr	native Courses -				
Course No.	Section	Title			Cr. Hrs.	Days	Time	
Course No.	Section	Title			Cr. Hrs.	Days	Time	
Advisor Signatu	ire and Date						·····	
responsibility f dates and my referred to a c court costs. I u	that registration for cour for each registered course account becomes past du ollection agency if I fail to inderstand and agree that under the United States E	e and all associated cha e, I agree to pay late fe make timely payment t my financial obligation	rges applied to my s e charges equivalen , and I will pay all co n to Lake Erie Colleg	tudent account. If I do not to \$50/month up to \$20 Illection costs associated be constitutes an education	ot make the required pay 00/semester. I further ur with such a referral, inclu on load to assist in financ	ment in accordance wit nderstand and agree that uding but not limited to	h the scheduled due t my account may be attorney fees and	
Student Signatu	ure and Date							
Processed by F	Registrar's Office			Date			08/03/2021	