



Registration Form

391 W. Washington Street Painesville, Ohio 44077

registrar@lec.edu

440-375-7010 440-375-7014 Fax

This form is for initial registration in a term. Any changes after initial registration must be done with the Schedule Change Form

PLEASE PRINT

Student ID # _____

Semester (SU, FA, SP) _____ Year _____

Program: Undergrad. Post Bac. MBA MEd Endorsement

Student Name (First and Last Name) _____

Email _____

Course Code	Section	Title	Cr. Hrs.	Days	Time
<i>Example: EN 101</i>	<i>A</i>	<i>Principles of Composition & Research</i>	<i>3</i>	<i>MWF</i>	<i>8:00-8:50</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Alternative Courses

Course Code	Section	Title	Cr. Hrs.	Days	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Advisor Signature _____

Date _____

I acknowledge that registration for courses at Lake Erie College creates an obligation to pay tuition, fees, room, meals, and other related expenses. I accept full financial responsibility for each registered course and all associated charges applied to my student account. If I do not make the required payment in accordance with the scheduled due dates and my account becomes past due, I agree to pay late fee charges equivalent to \$50/month up to \$200/semester. I further understand and agree that my account may be referred to a collection agency if I fail to make timely payment, and I will pay all collection costs associated with such a referral, including but not limited to attorney fees and court costs. I understand and agree that my financial obligation to Lake Erie College constitutes an education loan to assist in financing my education and therefore, is not dischargeable under the United States Bankruptcy Code section 523 (a) (8). I understand and acknowledge these terms.

Student Signature _____

Date _____

(an official signature/e-signature is required, a typed font will not be accepted)

Processed by Registrar's Office _____

Date _____