

# CONTINUING EDUCATION REGISTRATION FORM

Lake Superior College, Continuing Education Department

2101 Trinity Road, Room E2072, Duluth, MN 55811 Tel: 218-733-7725 Fax: 218-733-5974 Email: l.marana@lsc.edu

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester you are registering for:  Fall  Winter-Spring  Summer Year: \_\_\_\_\_

**Student Information:** Please print clearly - certificates will be created as name appears below:

Name \_\_\_\_\_  
Last First MI (Previous Name if applicable)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Resident of MN  Yes  No County \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Request for Confidential Information:** Providing the following information is voluntary. This information is used only to assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies. (Your Social Security number must be provided in order for you to claim tax deductions under Hope Scholarship and Life-Long Learning tax laws.)

Social Security #: \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  Male  Female

**Race and Ethnic Background (select any that apply):**

- (0) Unknown  (5) Hispanic or Latino  
 (1) Black or African American  (6) American Indian or Alaska Native  
 (2) Asian  (7) Native Hawaiian/or other Pacific Islander  
 (3) White





## REGISTRATION INFORMATION

Continuing education courses do not require formal application for admission to LSC; financial aid is not available. Class sizes are limited and early registrations are encouraged; registrations are processed on a first come-first served basis. **PAYMENT MUST ACCOMPANY THE REGISTRATION FORM (see payment options below).** Refund policy: Full refund is given if withdrawal is made two business days prior to the first class; no refunds after the start of the first class. A full refund is given if course is cancelled.

Course ID#/Title: \_\_\_\_\_ Date/Times/Location: \_\_\_\_\_ Fee: \_\_\_\_\_

Course ID#/Title: \_\_\_\_\_ Date/Times/Location: \_\_\_\_\_ Fee: \_\_\_\_\_  
(second choice if applicable)

**PAYMENT SOURCE:**  Cash  Check  Credit Card  Other (Voucher, Ordean) \_\_\_\_\_  
Check #: \_\_\_\_\_ (payable to Lake Superior College)

**Please bill my:**  Company Credit Card  Personal Credit Card        

Expiration Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Individuals with disabilities may request reasonable accommodations or information by contacting Georgia Robillard at 218-733-7650 or 218-722-6893 TTY. This document is available in alternative formats by contacting Disability Services, E2114, at 218-733-7650 (voice) or 218-722-6893 TTY. (CS-07/08)

