

# CONTINUING EDUCATION REGISTRATION FORM

Lake Superior College, Continuing Education Department

2101 Trinity Rd, Rm. E2072, Duluth, MN 55811 Tel: 218-733-7725 Fax: 218-733-5974 Email: g.faith@lsc.edu

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

Student ID#: \_\_\_\_\_

Term 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 \_\_\_\_\_

**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. We are required by federal regulation to report payments made on behalf of students by employers or other entities. If you do not provide your tax ID number, you may receive a *Request for Student's Taxpayer Identification Number W9S form*).

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> (0) Unknown                   | <input type="checkbox"/> (5) Hispanic or Latino                        |
| <input type="checkbox"/> (1) Black or African American | <input type="checkbox"/> (6) American Indian or Alaska Native          |
| <input type="checkbox"/> (2) Asian                     | <input type="checkbox"/> (7) Native Hawaiian/or other Pacific Islander |
| <input type="checkbox"/> (3) White                     |  |

## Course 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. 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 the course is cancelled.





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<b>Course ID #/Title:</b> _____	<b>Date/Times/Location:</b> _____	<b>Fee:</b> _____
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**PAYMENT SOURCE:**  Cash  Check  Credit Card  Other (Voucher, Ordean) \_\_\_\_\_

Check #: \_\_\_\_\_ (make check payable to Lake Superior College)

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

Expiration Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name and 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 can be made available in alternative formats by contacting Disability Services, E2114, at 218-733-7650 (voice) or 218-722-6893 (TTY). ('09)

