



LCC OFFICE USE ONLY Entered: _____

Student ID _____

Date _____

Admission Application Form

You only need to submit ONE application for admission. If you have already submitted an application and would like to change your admission term or program of study, please contact the Admission Office at 1.800.644.4LCC (1.800.644.4522) and press "2". Follow the menu to Admissions.

Please print legibly in ink. *DENOTES REQUIRED FIELD

*Semester You Plan to Begin:

Jan-May

May-August

Aug-Dec

Spring 20 _____

Summer 20 _____

Fall 20 _____

*Last Name

Social Security Number (optional)

*First Name

*Date of Birth (example: APR-19-2005)

Middle Name

Suffix

*Gender

Male

Female

Former Last Name (if applicable)

*Telephone Number

(Area Code)

*Residence Address

(Enter the street address where you currently live. Do not enter a PO Box here. If you have a PO Box address enter it at the bottom of this column.)

*Street Address (Include apartment number, if any.)

*City

*State

*Zip

*County

*In which public school district do you currently live?

(example: St. Johns, Waverly, Holt)

*How long have you lived in the district?

(example: 10 years, 6 months)

_____ years _____ months

PO Box

Zip

E-Mail Address

*Citizenship

U.S. Citizen (01)

Permanent Resident (greencard) (31)

Refugee (32)

Immigrant (33)

Political Asylum (34)

Other Status: _____
(Example: TPS, H4, B2)

If you are in the U.S. on ANY visa type please call the Admission Office at 1-800-644-4522 and request an international application.

Ethnic Background

Hispanic or Latino

Non-Hispanic or Latino

Race

American Indian or Alaska Native (AM)

Native Hawaiian or Other Pacific Islander (NH)

Black or African American (BL)

Asian (AS)

Hispanic (HA)

White (WH)

Two or more races (YY)

Others (ZZ)

(Continued on Back)

***Student Type:**

(Check only one)

- FirstTime Attending Any College (1)
- HS Student Earning College Credit (H)
- Earned College Credit in HS (J)
- Returning to LCC (R)
- Guest (Attends Another College) (G)
- International Guest (F1/M1) (E)
- Transfer to LCC (Including Graduates from Other Colleges) (T)

***Admission Type:**

(Select the type that best describes you at the time you will begin classes at LCC. Check only one)

- Age 18 and over or High School Graduate
- High School Freshman/Sophomore (H1)
- High School Junior/Senior (H2)

***Program of Study**

Program Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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(Visit lcc.edu/admissions or the LCC catalog for a program code list. All students must declare a program. Do not enter course names here.)

***Name of High School Attending/ Attended**

If you received a GED, write GED on the line above or if you did not graduate please write that on the line above.

***City** _____

***State** _____

***I graduated or will graduate on** (example: Jun-01-2008)

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Name of Previous College(s) Attended (If you want your credits evaluated for transfer to LCC, please have an official transcript(s) sent to: Lansing Community College, Admissions, Registration & Records, 411 N Grand Ave, Lansing, MI 48933)

Name of College _____

City _____ **State** _____

Name of College _____

City _____ **State** _____

***Privacy Statement**

The Family Educational Rights and Privacy Act of 1974 protects the confidentiality of your student records at Lansing Community College. Your information will be used to evaluate your application for admission and will become part of your permanent student record. Release of this information to a third party without your written consent is prohibited. Please contact Admissions at (517) 483-1200 if you have any questions.

I confirm that I have read and accept the Privacy Statement

***Residency Statement**

Your tuition rate will be based on your residency status. Residency status is based on where you have legally made your home for the four month period immediately preceding your first day of class as determined by the part of term. You are required to provide satisfactory proof of residency upon request of LCC. You will receive information on LCC's initial determination of your residency status in an email from LCC. Refer to the LCC web page for information on the last day to request a change of residency status for each semester of enrollment. Please contact the Registrar's office at (517) 483-1200 if you have any questions.

I confirm that I have read and accept the Residency Statement

***Felony Statement**

If you have a criminal conviction (as a result of a trial, a guilty plea, or a no contest plea), you may not qualify for certain careers involving special licensing and/or certifications. To ensure that you are pursuing an appropriate course of study at Lansing Community College, please contact Support Services at (517) 483-1924 if you have ever had a criminal conviction. Request an appointment with a Counselor to discuss your background and educational plans to assure that your career goals can be achieved.

I confirm that I have read and accept the Felony Statement

***Student Code of Conduct Statement**

The LCC Student Code of Conduct and General Rules and Regulations are available online or by contacting Judicial Affairs at (517) 483-1167. By submitting this application I acknowledge that I have read and understand the Student Code of Conduct and General Rules and Regulations.

I agree to abide by the Student Code of Conduct and General Rules and Regulations.

***Verification Statement**

I certify that to the best of my knowledge, the information in this application is true and complete. I understand that providing false information may delay my admission and/or result in disciplinary action and/or expose me to liability for fraud.

I confirm that I have read and accept the Verification Statement

***Signature** _____

***Date Submitted** _____

Mail to:

Lansing Community College
Admissions, Registration & Records
411 N Grand Ave, Lansing, MI 48933-1215
Phone 517-483-1200 Fax 517-483-9668
For faster service apply online at lcc.edu.

Lansing Community College is accredited by the Higher Learning Commission - a Commission of the North Central Association of Colleges and Schools. The commission can be contacted through the Web at www.ncahlc.org or by phone at (312) 263-0456. The Commission's address is located at 30 North LaSalle Street, Suite 2400, Chicago, Illinois 60602-0456. Lansing Community College is committed to a policy of providing equal employment opportunity and equal education for all persons regardless of race, color, sex, age, religion or creed, national origin or ancestry, familial status, disability, marital status, height, weight, sexual orientation, gender, gender identity, gender expression, genetic information, veteran status or any other factor prohibited by law. The College's Prohibited Discrimination and Harassment policy is available at <http://www.lcc.edu/policy/documents/policies/prohibited-sex-or-gender-based-discrimination-harassment-and-sexual-misconduct.pdf>