SUMMER SCHOOL at Lynchburg College

Registration Form

STUDENT INFORMATION

Name _____
(Last) (First) (MI)

Social Security Number _____ Phone _____
(Home) (Work)

Address _____
(Street)

_____ _____ _____
(City) (State) (Zip)

STATUS (CHECK ONE)

[ ] LC Undergraduate degree candidate
[ ] LC Undergraduate non-degree student
[ ] Visiting Undergraduate student
[ ] LC Graduate M.B.A candidate
[ ] LC Graduate M.Ed. degree candidate
[ ] LC Graduate non-degree student
[ ] Visiting Graduate student

COURSE INFORMATION

Graduate Education

Term	Course Prefix	Course #	Sect.	Cr. Hr.	Audit		Apply course to following program:	
					Yes	No	M.Ed.	Licensure

Independent studies, practica, and special problems courses require a special registration form.
This form is available from the Registrar's Office.
Undergraduate internships require a special contract available at the Career Development Center.

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HOUSING REQUEST

Please fill out here only if housing is needed:

Name _____ Social Security Number _____
Phone _____ Cell Phone _____
Check all sessions for which you need housing:

[ ] 1st session
[ ] 2nd session
[ ] 3rd session