

Lebanon Valley College Registration Form

Graduate Studies and Continuing Education

Term _____ Soc. Sec.# _____

Date of birth _____ Female _____ Male _____ Former name _____
Mo. Day Yr.

Name _____
Last First Middle Birth Name

Street _____ Box _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ e-mail _____
Area Area

Employer _____ Address _____

Have you ever attended LVC? yes _____ no _____ Are you an Alumnus/a of LVC? yes _____ no _____

Are you transferring these courses to another institution? yes _____ no _____

Select one: U.S. Citizen _____ Non citizen, permanent resident _____ Non citizen, non permanent resident _____

Country of Citizenship (if not United States) _____ Are you Hispanic/Latino? Yes _____ No _____

Select one or more races: Asian _____ Amer. Indian or Alaskan Native _____ Black or African American _____

Native Hawaiian or Pacific Islander _____ White _____

Tuition will be paid **in full at time of registration** **in full by start of term** **Financial Aid**
 in 3 equal installments (Fall & Spring Only) **Tuition Deferment Plan**

For Payment by Credit card:

MC VISA DISC CARD # _____

Exp. Date _____ Name of Cardholder _____

Dept.	No.	Day/Time	Cr. Hrs.	Audit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours _____

Advisors Signature _____

FOR OFFICE USE ONLY:

DATE ENTERED: _____

_____ CE/EVE

_____ MSE/MME

_____ MBA

_____ CE/DAY

_____ **Total**