Registration for Noncredit



Noncredit Registration Office of Registration/Student Records 4525 Education Park Drive Schnecksville, PA 18078-2502 610-799-1171

Please print information clearly with black or blue ink.

LCCC will generate a student identification number that you will use along with a password to access your student information and online services.

Please print your name exactly as it appears on legal documents:

Last	First	Middle	
Birth Date: (MM/DD/YYYY)	//		
Please indicate any former names:			
Home Mailing Address (include apartment			
Address:	City:	State:	Zip:
County:		ne:	
Email:			

Your responses to the following questions regarding race and ethnicity are voluntary and will be treated as confidential.

Gender: 🗌 Male 🗌 Female

Ethnicity:	Hispanic or	Latino origin	Not Hispanic or Latino	None
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Ra	ac	e

🗌 American Indian/Alaska Native 🗋 Asian 🗋 Black/African American 🗋 Native Hawaiian/Pacific Islander 🗋 White/Caucasian 🗋 Other

AGREEMENTS AND AUTHORIZATION

The information given above is complete and accurate to the best of my knowledge. I will be responsible to pay all fees.

By signing this registration form, I agree to abide by all policies, regulations, and procedures of the College. I understand this registration form is for non-credit coursework only.

Please Print Student Name	Signature	Date
Please Print Parent Name	Signature	Date
	e of 18. Parent or Legal Guardian Signat	

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including protections, himself, and transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107.

OFFICE	IICE		
UFFICE	USE	UNLI	

COURSE NUMBER	COURSE TITLE	CRN

Method of Payment

Check or money order enclosed (made payable to Lehigh Carbon Community College)

Company purchase order enclosed: P.O. #_____

P.O. Billing Address