LANSING COMMUNITY COLLEGE
Where Success Begins

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 June-July Aug-Dec

❑ Spring 20 _____ ❑ Summer 20 _____ ❑ Fall 20 _____

***Last Name**

***First Name**

Middle Name **Suffix**

Former Last Name (if applicable)

***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**

_____ _____ - _____

Social Security Number (optional)

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

***Gender**
❑ Male
❑ Female

***Telephone Number**
(Area Code)

E-Mail Address

***Citizenship**
❑ **U.S. Citizen** (01)
❑ **Permanent Resident (green card)** (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)
❑ White (WH)
❑ Others (ZZ)
❑ Hispanic (HA)
❑ Two or more races (YY)

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***Student Type:**
(Check only one)

- ❑ First Time 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)

***Educational Goal:**
(Check only one)

- ❑ Associate Degree (AD)
- ❑ Certificate of Achievement (CA)
- ❑ Job Advancement (JA)
- ❑ Transfer to a 4-Year School (T4)
- ❑ Certificate of Completion (CC)
- ❑ Maintain Licensure (ML)
- ❑ Personal Interest (PI)
- ❑ Transfer to a 2-Year School (T2)
- ❑ Other (OT)

***Educational Level:**
(What will your education level be at the time you begin classes at LCC? Check only one)

- ❑ Earned 30 credits or less/1 year of college (01)
- ❑ Earned 30.01 credits or more/more than 1 year of college (02)
- ❑ Have Associate degree or higher (03)

***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** _____

*(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) _____

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, 1121-Enrollment Services Office, PO Box 40010, Lansing, MI 48901-7210)

Name of College _____ City _____ State _____

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***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 Enrollment Services 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 lived for the six months prior to the first day of the semester of enrollment. New students may be asked to provide proof of residency. You will receive information on your residency status in your acceptance letter. 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 Enrollment Services 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, 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 the Counseling and Advising Center at (517) 483-1904. Request an appointment with either Craig Prether or Gil Hill to discuss 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 at www.lcc.edu/Student/Code of Conduct or by contacting Enrollment Services 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.

❑ **I confirm that I have read and accept the Verification Statement**

***Signature** _____ ***Date Submitted** _____

Mail or deliver to:
Lansing Community College
1121-Enrollment Services Office
2nd Floor Gannon Building
PO Box 40010, Lansing, MI 48901-7210
Phone 517.483.1200 Fax 517.483.1170
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 (Downtown Campus) is located in downtown Lansing. Student service areas are located at 422 North Washington Square in Lansing and can be reached through the Web at www.lcc.edu and by phone at (517) 483-1957.