



# APPLICATION FOR ADMISSION TO LORAIN COUNTY COMMUNITY COLLEGE

1005 N Abbe Road • Elyria OH 44035  
Elyria (440) 366-4032 • Toll Free (800) 995-5222

**Save this form to your computer before you proceed. Read these instructions for completing this Fillable PDF Application.**

Complete sections 1 through 27 of the application.

**1. Full Legal Name:**

Last First Middle Initial

**2. Please list all former names:**

Last/Maiden First Middle Initial

Last First Middle Initial

**3. Social Security Number: (for identification purposes only)**

**4. Legal Home Address Information (LHP):**  
(a Post Office Box is not a legal address.)

Number Street Apt. County

City State Zip

Area Code/Telephone Number Length of time at this address

E-mail Address

**5. Mailing Address: (if different than Legal Address)**

Number Street Apt. County

City State Zip

Area Code/Telephone Number Length of time at this address

**6. Previous Address: (if at LHP less than one year)**

Number Street Apt. County

City State Zip

Area Code/Telephone Number Length of time at this address

**7. If you are not a financially independent student, give the name and permanent address of the person upon whom you are dependent:**

First Name Middle Initial Last Name

Number Street Apt. County

City State Zip

Area Code/Telephone Number Length of time at this address

Relationship

**LCCC OFFICE USE ONLY**

Student No. Ex Term En

Search Off Tr Rqst Trns Ck

Catalog Res Frm Fnl Rvw

GED Frm Tr Evl Rqst NC to CR

Application Built Update App

**8. Residency Information:**

Length of continuous residence in Ohio: Yrs Mos

If you have lived in Ohio less than 12 months, your previous State of residency was:

Are you dependent for more than one-half of your financial support on a person residing in Ohio?  Yes  No

Are you dependent for more than one-half of your financial support on a person residing in Lorain County?  Yes  No

**9. Gender:**  Male  Female

**10. Date of Birth:** Month Day Year

**11. Birthplace:** City State Country

**12. Are you Hispanic and/or Latino?**  Yes  No

**13. Race/Ethnicity: Select one or more races.**

- American Indian/Alaskan Native  Asian
- Black or African American  White
- Native Hawaiian or Pacific Islander

Ethnic information is strictly voluntary and used for reporting purposes only. It is the policy of LCCC that no person shall be subject to discrimination in any relationship to the College because of race, age, color, sex, religion, disability, national origin or veteran status.

**14. Marital Status:**  Married  Single

**15. Location you plan on attending primarily:**

- Elyria Campus
- LCCC Lorain Learning Center at City Center
- LCCC Community Learning Center at Lorain High School
- LCCC University Partnership Ridge Campus
- LCCC Wellington Center

**16. Are you a United States citizen?**

[Y] Yes

[N] No. Check and complete one of the following and attach a copy of your I-94 and passport I.D. page:

Non-immigrant  
Indicate expected visa type (e.g. F-1, J-1, etc.):

Permanent resident  
Indicate alien number: A  
Date status received: mo day yr

Refugee  
Indicate alien number: A  
Date status received: mo day yr

