

## APPLICATION FOR ADMISSION TO LORAIN COUNTY COMMUNITY COLLEGE

LCCC OFFICE USE ONLY

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:					udent No		Ex Ter	m En				
••	ruii Legai iv	iairie.			Se	earch	Off Tr Rqst	Trns C	k				
Last		First		Middle Initial	Ca	atalog	Res Frm	Fnl Rv	w				
2.	Please list a	II former name	es:		G	ED Frm	Tr Evl Rqst	NC to	CR				
Last / Numb					A	pplication Built	Upda <sup>1</sup>	Update App					
Last/	Maiden	First		Middle Initial									
					8.	Residency In	formation:						
Last		First Middle Initial					Length of continuous residence in Ohio: Yrs Mos						
3.	Social Secur	rity Number: (fo	or identifica	tion purposes only)	you	ou have lived in C r previous State o	of residency was:						
						you dependent f son residing in Ol			ancial support on a				
4.		Address Infori Box is not a leg		P):		you dependent f son residing in Lo			ancial support on a				
Mum	hor	Street	Ant	County	9.	<b>Gender:</b> □ M	1ale □ Female						
	bei		Apt.	County	10.	Date of Birt	<b>h:</b> Month	Day	Year				
City		State	Zip			Distinction			<b>.</b>				
Area	Code/Telephon	e Number	Length o	of time at this address	11. Co	untry	City		State				
			_		12.	Are you Hispa	anic and/or La	itino? □Yes□	No				
E-ma	il Address												
5.	Mailing Add	dress: (if differe	nt than Lega	al Address)		Race/Ethnicit	-	r more races.					
						merican Indian/A		☐ Asian					
Num	ber	Street	Apt.	County		lack or African Ar ative Hawaiian o		☐ White					
City		State	Zip		It is	the policy of LCC	C that no person	shall be subject	porting purposes only to discrimination in				
Area	Code/Telephon	e Number	Length o	of time at this address		relationship to the bility, national or			olor, sex, religion,				
5.	Previous Ad	ldress: (if at LHF	less than o	ne year)									
				•	14.	Marital Statu	is: □ Ma	arried 🗅 Single					
Num	ber	Street	Apt.	County	15.	Location you	plan on atte	nding primari	ily:				
City		State	Zip		□ El	yria Campus							
						CCC Lorain Learni	-						
Area	Code/Telephon	e Number	Length o	of time at this address		CCC Community L	_	_	nool				
7	If you are n	ot a financially	indenend	ent student, give		CCC University Pa		ampus					
•				the person upon	U L(	CCC Wellington C	enter						
	whom you a	are dependent:			16. Are you a United States citizen?								
						☐ [Y] Yes							
First	Name	Middle Initial		Last Name	_	· N] No. Check and	complete one of	the following ar	nd attach a				
Num	hor	Street	Λnt	County	C	opy of your I-94 a	nd passport I.D.	page:					
Num	bei	street	Apt.	County		Non-immigrant							
City		State	Zip		_	-	ed visa type (e.g.	F-1, J-1, etc.):					
						Permanent resid							
Area	Code/Telephon	ephone Number Length of time at this address Indicate alien number: A yr yr yr											
0-1	blamah!				_	Date status recei Refugee	ved. IIIO	uay	уг				
reia1	tionship						ımher: A						
							ved: mo		yr				

<b>17. Selective Service</b> (to be completed by males only) NOTICE: Required by State of Ohio. Under section 3345.32, if you age 18 through 26, you are required to submit this information.		23. What is your primary EDUCATIONAL PLAN? (check one) ☐ [07] To obtain an associate degree for the job market							
online visit www.sss.gov.	io register	<ul> <li>[06] To obtain an associate degree then transfer to a four-year college or university</li> </ul>							
18. Selective Service Number		☐ [08] Prepare for University Partnership							
If you have not registered, you must indicate below the reason(s) are not required to register:	why you	<ul><li>Institution</li><li>Program</li></ul>							
☐ I am under 18 years of age.		□ [05] To obtain a certificate							
☐ I am 26 years of age or older.		☐ [04] To transfer to a four-year college or university before completing a							
☐ I am with the Armed Forces of the United States excluding trai	ning in	degree or certificate							
a reserve or National Guard unit (attach a letter of verification your commanding officer).		☐ [03] To train for new career by taking only selected courses ☐ [02] To upgrade current job skills by taking only selected courses							
☐ I am a non-immigrant alien lawfully in the United States in accordance with Section 101(A)(15) or the "Immigration and		☐ [01] To obtain knowledge for personal interest							
Nationality Act" U.S.C.1101, as amended.		24. What is your entering status? (check one)							
19. What year and term do you plan to enroll?		☐ [F] High School Graduate							
(check one and enter the year)		☐ [F] General Equivalency Diploma (GED)							
☐ [1] Fall (August)		☐ [F] No High School Diploma or GED							
☐ [2] Spring (January) Year	_	🔲 [S] Trar	nsient from	other Colleg	ge/University				
☐ [3] Summer (May or June)		🔲 [T] Trar	☐ [T] Transfer from other College/University						
		🔲 [K] Ass	☐ [K] Associate's Degree Graduate						
20. Plan to attend classes:		🔲 [L] Bacl	helor's Deg	ree Graduat	e				
☐ [F] Full-time (12 or more credit hours per semester) ☐ [P] Part-time (less than 12 credit hours per semester)		☐ [M] Ma	☐ [M] Master's Degree or Higher Graduate						
21. Employment Status:   Full-Time Part-Time Not Employment	_		to be added to our information below:						
21. Employment Status. Grainine Grainine Gnot Emp	oloyeu	-		9, [					
22. Planned major or area of study:		First Nam	e		Last N	lame			
Degree or Certificate		Number		Street	Apt.				
		City		State	Zip				
Major		E-mail Address							
		2							
26. List High School(s) Attended With The Most Rec	cent First (do	not use abb	reviations	)					
				Dates Attended					
High School	City	State	From	То	Graduate	Date of Graduation or GED			
Last					☐ Yes ☐ No ☐ GED				
Previous									
	<u> </u>		<u> </u>						
27. List All Colleges/Universities Attended With The PLEASE NOTE: Transfer students are required to complete a		•			•				
			Dates Attended						
College/University	City	State	From	То	Graduate	Degree Earned			
- sansgaramann,					☐ Yes ☐ No				
		+			☐ Yes ☐ No				
					1 Yes 1 No				
					☐ Yes ☐ No				
					☐ Yes ☐ No				
Leartify that the information I have provided on this application is					l location to 2.55				

facts on the application may be cause for refusal of admission, cancellation of admission, or dismissal from the College. By signing and dating this application, I authorize LCCC to release enrollment and assessment information to Local, State and Federal agencies including the school district in which I graduated. I agree to abide by the policies and regulations of the College as determined at time of application to LCCC.

**Date** 

Application 05-22-18 Revision

**Legal Signature** 

28.