



<b>LCC OFFICE USE ONLY</b>	
Student ID:	_____
Date:	_____
Semester:	_____

# Admission Application Form

If you have already submitted an application and would like to change your admission term or program of study, please contact the StarZone at (517) 483-1200. **For faster service, apply online at**

[www.lcc.edu/apply](http://www.lcc.edu/apply)

Please print legibly in ink. **INDICATES REQUIRED FIELD**

## NAME

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Middle Name:</b>	<b>Suffix:</b>
<b>Previous Last Name:</b>	

## PERSONAL INFORMATION

<b>Date of Birth:</b> (mm/dd/yyyy)	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response
<b>Social Security Number:</b> Your SSN is <b>not required</b> to apply but it is required for reporting tuition and fees for federal tax purposes (1098T), Financial Aid, and student employment. <div style="text-align: right;">_ _ _ - _ _ - _ _ _ _</div>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b>Do you live in one of the following districts:</b>	
Bath            Dansville        East Lansing    Haslett Holt             Lansing           Mason            Okemos Stockbridge    Waverly         Webberville    Williamston	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can you provide documentation to prove your residency at the given address for 4 months or more, if requested?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a resident of Michigan?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## P.O. BOX INFORMATION

(If you do not have a Post Office Box, do not enter anything in this section.)

<b>P.O. Box:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

### ADDITIONAL INFORMATION

<b>Student Type:</b>	<input type="checkbox"/> First Time Attending Any College	<input type="checkbox"/> High School Student Earning College Credit	<input type="checkbox"/> Returning to LCC
	<input type="checkbox"/> Guest Student	<input type="checkbox"/> Transferring to LCC	
<b>Admission Type:</b>	<input type="checkbox"/> Age 18 or Over –OR- High School Graduate	<input type="checkbox"/> High School Dual Enrollment	
<b>Admit Term:</b>	<input type="checkbox"/> Fall 20__ (Aug-Dec)	<input type="checkbox"/> Spring 20__ (Jan-May)	<input type="checkbox"/> Summer 20__ (May-Aug)
<b>Program of Study:</b>	<b>Program Code:</b> _____ Please visit <a href="http://www.lcc.edu/current-programs">www.lcc.edu/current-programs</a> for a program code list.		
<b>Citizenship:</b>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Refugee
	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Political Asylee	<input type="checkbox"/> Other Status
<b>Are you a U.S. military-connected student?</b>	Ex. Active Duty, Disabled Veteran, Guardsman/Reservist, Spouse of/Dependent of, or Veteran.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Race:</b>	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> No Response
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> No Response

### PRIOR EDUCATION

<b>High School Name:</b> If you received a GED, write <b>GED</b> or if you did not graduate, write <b>did not graduate</b> on the line below.	
<b>Graduation Date:</b>	<b>GPA:</b>
<b>Previous College(s) Attended:</b> (If you want your credits evaluated for transfer to LCC, please have an official transcript(s) sent to – <i>Lansing Community College, Registrar's Office, 411 N Grand Ave, Lansing, MI, 48933</i> )	
Name of College:	
City:	State:
Name of College:	
City:	State:

#### Privacy Statement

The Family Educational Rights and Privacy Act of 1974 protects the confidentiality of your student records at Lansing Community College. Your information from this application will become part of your permanent student record. Release of this information to a third party without your written consent is prohibited. Please contact the Registrar's Office at 517-483-1200 if you have any questions.

#### Residency Statement

Your tuition rate will be based on your residency status. Residency status is based on where you have legally made your home for the four-month period immediately preceding your first day of class. You may be required to provide LCC with satisfactory proof of residency. You will receive information on LCC's initial determination of your residency status in your acceptance letter from LCC. 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 the Registrar's Office at 517-483-1200 if you have any questions.

### **Criminal Background Statement**

Individuals with certain criminal convictions are not eligible for admission in most selective admission programs at the college. Students must undergo a criminal background check in order to be considered for admission to the health information technology program. See catalog for details.

### **Student Code of Conduct Statement**

The LCC Student Code of Conduct and General Rules and Regulations are available online or by contacting the Office of Student Compliance at 517-483-1261. By submitting this application I acknowledge that I have read and understand the Student Code of Conduct and General Rules and Regulations.

### **Media Release Statement**

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my enrollment or my participation in any LCC activities without compensation from LCC, its Trustees, its officers, directors, employees, students and agents of each of them and consent to the use of photographs, pictures, slides, movies, video, or other media coverage for any legal purpose.

### **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 and/or expose me to liability for fraud.

**I confirm that I have read and accept the terms of this application.**

**Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**(Must be signed by the applicant.)**

LCC provides equal opportunity for all persons and prohibits discriminatory practices based on race, color, sex, age, religion, national origin, creed, ancestry, height, weight, sexual orientation, gender identity, gender expression, disability, familial status, marital status, military status, veteran's status, or other status as protected by law, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position or participate in educational programs, courses, services or activities offered by the College.

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies: Equal Opportunity Officer, Washington Court Place, 309 N. Washington Square Lansing, MI 48933, 517-483-1730; Employee Coordinator 504/ADA, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1875; Student Coordinator 504/ADA, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-1885; Human Resource Manager/Employee Title IX Coordinator, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1879; Student Title IX Coordinator, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-9632.

**Mail to:**  
Lansing Community College  
Registrar's Office  
411 N Grand Ave, Lansing, MI 48933-1215

**Phone:** (517) 483-1200  
**Fax:** (517) 483-9668

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