LAKE SUPERIOR STATE UNIVERSITY

COURSE REGISTRATION FORM

Check Semester: Fall _____ Spring _____ Summer _____

Please Print

Name:_____ Date of Birth ____/____/_____
Legal Last Legal First Legal Middle Month/Day/Year

Former Last Name (if any) _____ Gender: ☐ Male ☐ Female

Student ID/SSN: _____ **Are You a U.S. Citizen? ☐ Yes ☐ No**

(If you don't have a Student ID, one will be assigned to you.) If **NO**, please contact Admissions at 906.635.2231

Permanent Address:

_____
PO Box/Street Address

_____
City, State/Province, Zip/Postal Code

_____ (____)_____
County Home Telephone

(____)_____ (____)_____
Cellular Telephone Work Telephone

Email _____

If Mailing Address is different, please enter below:

_____
PO Box/Street Address

_____ _____
County City, State/Province, Zip/Postal Code

Telephone (____)_____ (____)_____
Home Work

Are you a high school graduate? ☐ Yes ☐ No*
High School Name & City, State/Province:

_____

*If no, see the Registrar's Office for additional requirements.

Have you previously attended LSSU ☐ Yes ☐ No
If yes, indicate the last semester/year attended:

_____

If you have attended other colleges/universities, please list the schools and dates attended:

_____

_____

Check the total approximate semester credit hours earned to date from all colleges attended:
☐ 0-25 Fr. ☐ 26-55 So. ☐ 56-87 Jr. ☐ 88+ Sr.

U.S.Citizens (complete this section):

State or County of Birth _____

Check one of the following:

☐ Michigan resident for more than 6 months ***OR***
☐ Non-Michigan resident (or Michigan resident for less than 6 months)

State of legal residence _____

What date did you begin living in Michigan?

_____

For Statistical Purposes:

☐ White ☐ Black/African American
☐ Asian ☐ American Indian/Alaskan Native
Tribe Affiliation _____

Please check your ethnicity: ☐ Hispanic/Latino
☐ Non Hispanic/Latino

Non-U.S. Citizens (complete this section):

Non-U.S. Citizens need to be accepted at LSSU in a degree program before registering for classes, unless they are resident alien or Canadian Aboriginal or Native American (excluding METIS) with at least 50% blood quantum and have J-treaty privileges (carry a tribal ID). Contact the Admissions Office for information.

Country of Citizenship _____

Country of Birth _____

Are you a resident alien (possess a green card)? ☐ Yes ☐ No
(If yes, you must submit a photocopy of your Alien Registration card)

Are you a Canadian Aboriginal?
☐ Yes ☐ No
Tribe Affiliation _____
(If yes, you must provide the Registrar's Office with a copy of your tribal ID and letter showing proof of blood quantum)

OVER FOR LSSU CLASS REGISTRATION

LSSU COURSE REGISTRATION

Name:_____
Last First Middle

Check Semester: Fall _____ Spring _____ Summer _____

Students registering for 12 or more credit hours (full time) **must be admitted or readmitted for this form to be processed.** Please contact the Registrar's Office if you have questions concerning your status.

Anyone 18 or older is welcome to enroll part-time (11 credits or less) in classes at LSSU. You do not need to be formally accepted unless you are working toward earning a certificate or degree, seeking financial aid of any kind (V.A., Pell Grants, Guaranteed Student Loans, BIA, Basic Grants, etc.), or are not a U.S. citizen or permanent resident. All stated prerequisite or co-requisite requirements for any courses you wish to register for will need to be satisfied. If you have questions about specific course prerequisite requirements, please consult the academic catalog or the instructor of the course. You may reach the instructor by calling the academic department responsible for the course. For further information, see the Student Registration Guide, found with the scheduling information on http://www.lssu.edu/scheduling.

Are you planning on receiving financial aid of any kind as stated above? ☐ Yes ☐ No

*****Adding classes after the 6th day of class (after 4th day for summer semester) requires Instructor's Signature.***

CRN (REQUIRED)					Subject	Number/ Section	Cr.	Course Title	**Instructor's Signature
1	0	0	0	0	ENGL	123-001	3	English	

By submitting this registration form, I understand that I am responsible for all costs associated with the class or classes regardless of attendance and will receive a grade at the end of the semester. If I decide to withdraw, it is my responsibility to formally drop my class or classes. I will follow the Add/Drop/Withdrawal Policy as outlined on LSSU's Course Registration Information webpage at http://www.lssu.edu/scheduling/add_drop.php. If I have questions or concerns regarding the above information or Lake Superior State University's Add/Drop Policy, I will contact the Registrar's Office at 906-635-2682.

I certify that the information provided on this form is correct.

Student Signature _____Date_____

FOR OFFICE USE ONLY:

- ☐ Residency checked
- ☐ NDUG or NDGD
- ☐ County Code Added
- ☐ Anticipated grad date
- ☐ Max hours at 11/8 credits (SFAREGS)
- ☐ Photocopies for eligible non-U.S. residents

PROCESSED BY/DATE: _____

OVER FOR LSSU REGISTRATION INFORMATION