REGISTRATION FORM	Phone:	LCSC ID #:	SS #:
Last:	First:	Middle:	Former:
Permanent Mail Address:	City:	State:	Zip:
Local Mail Address:	City:	State:	Zip:
E-mail:			
Has any of the above information changed since your last registration?Y/N	Major:	Yr/ / / Sem / / /	

SYNONYM NUMBER	DEPT	CATALOG NUMBER	SECT	TITLE	CREDITS	PASS/FAIL AUDIT
				TOTAL CREDITS		

I agree to pay all charges incurred by me as a result of being enrolled at Lewis-Clark State College, including any late penalties assessed due to my failure to pay. I understand that collection costs will be added if the services of a collection agency are employed.

Student 's Signature _____ **Date** ___/___/___ **Advisor's Signature** _____ **Date** ___/___/___

Use other side for alternate course selections