



CONTINUING EDUCATION

College Credit

APPLICATION AND REGISTRATION

Please type or print all answers.

PERSONAL INFORMATION

Social Security Number: _____ / _____ / _____ **E-mail address:** _____
(Optional)

Legal Name: _____
LAST FIRST MIDDLE INITIAL PREVIOUS OR MAIDEN NAME

Permanent Mailing Address: _____
STREET CITY STATE ZIP

Home Phone: (____) _____ **Cell Phone:** (____) _____

Work Phone: (____) _____ **Birthdate:** ____/____/____

Gender: M _____ F _____ **County:** _____

Person to contact in case of emergency: _____

STREET CITY STATE ZIP

Phone (____) _____ **Relationship:** Father _____ Mother _____
 Spouse _____ Other _____

RESIDENCY

Please circle yes or no:
 Are you a resident of Iowa? Yes No
 Have you lived in Iowa the
 last consecutive 90 days? Yes No
 Do you have an Iowa driver's license? Yes No
 Is your car registered in the state of Iowa? Yes No
 Are you a United States citizen? Yes No

ETHNICITY

Ethnic Background: *(Optional - please check)*
 _____ Asian or Pacific Islander
 _____ American Indian or Alaskan Native
 _____ Black Non-Hispanic
 _____ Hispanic
 _____ White Non-Hispanic
 _____ Other _____

ENROLLMENT & PROGRAM

Academic Major/Program: _____ **Registration Term:** _____ (Example 2006/Fall)

Synonym #	Course – Section	Course Title	Dates of Course	Location	Credit Hours

Have you ever previously taken a credit class from Iowa Lakes? Yes No (Please circle one)
 If yes, where and when _____

PAYMENT & RELEASE

Total Amount Due: _____
 How do you expect to pay tuition and fees?
 Full payment (cash, check, or credit card)
 Workforce Investment Act-Title I funding
 Vocational Rehabilitation
 Third Party (Employer, etc.) If 3rd party billing, authorizing agent name:
 Business Name: _____
 Business Address: _____

 I understand that if my employer does not pay, I am responsible for payment.

Are you seeking a Degree, Diploma or Certificate?
 _____ Yes _____ No

Purpose/goal in attending is to: (Check Only One Box)
 Transfer to another college/university
 Prepare to enter the job market
 Prepare to change careers
 Improve skills for present job
 Meet certification/licensure requirements
 Explore courses to decide a career
 Self improvement/improve basic skills
 Personal interest
 Undecided/unknown

I certify that all information I have supplied on this application and my supporting documents is true.

Signature: _____ **Date:** _____

Public Law 34 CFR Part 668 requires the college to notify potential students of the availability of statistics on campus crime. The statistics are included in the student handbook and are also available through the Human Resources office.