

CLOSED COURSE Service Policy

- This card is to be used by students seeking approval for a “course overfill” when a course is closed due to reaching the maximum number of allowable students.
- Closed Course requests must be received by the LCC Office of the Registrar by established registration deadlines and with required signatures. Refer to either the current schedule of classes or current catalog for specific deadline dates.
- Closed Course cards are processed by the Office of the Registrar on the day received unless the student has a Fiscal or Admission Hold, is not admitted to LCC or we have no record of completion of the appropriate pre-requisite course(s).
- Fax completed card to the LCC Office of the Registrar at 505.454.5348.
- **Once registered, students must immediately contact the LCC Business Office at 800.588.7232 or 505.454.2500 ext. 1001 to inquire about assessed tuition and fee charges and make financial arrangements to avoid being administratively disenrolled for non-payment.**
- As a result of submission and processing of this form, the student is responsible for any unpaid obligations to Luna Community College.
- **The following signatures** will be required on this card: student, academic advisor and approval from the academic director.

In the event questions arise during the processing this form, please provide a daytime telephone number and email address.

Daytime Telephone #: _____ - _____ - _____

Email address: _____

PLEASE PRINT												
LCC ID #	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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NAME	_____											
ADDRESS	_____											
CITY/STATE/ZIP	_____											
TELEPHONE	_____											



**CLOSED COURSE
REGISTRATION CARD**
FALL 20____ SPRING 20____ SUMMER 20____

Update Request (check appropriate box)
<input type="checkbox"/> ADDRESS <input type="checkbox"/> TELEPHONE

SIGNATURES	
STUDENT	DATE
ACADEMIC ADVISOR	DATE

****** The course listed below is currently **CLOSED** due to reaching the designated maximum number of students. ******

COURSE NUMBER	SECTION	COURSE TITLE	NAME OF INSTRUCTOR

APPROVAL: By my signature below, I hereby grant permission to the student named above to register in this closed class.

Academic Director: _____

Date: _____