

REGISTRATION Card Service Policy

- This card is only to be used as the **INITIAL** form of registration for a given term. It cannot be used to add or drop classes.
- Registration cards must be received by the LCC Office of the Registrar by established deadlines. Refer to either the current schedule of classes or current catalog for specific deadline dates.
- If withdrawing from ALL of your courses, you must submit a Complete Withdrawal Form.
- If adding or dropping classes you must submit an ADD/DROP Form.
- Your registration card will be processed by the Office of the Registrar on the day it is received unless a class is closed, you have a Fiscal or Admission Hold, you are not admitted to LCC or we have no record of you completing the appropriate pre-requisite course(s).
- Fax your completed card to the LCC Office of the Registrar at 505.454.5348 or mail it to: Luna Community College, Office of the Registrar, 366 Luna Drive, Las Vegas, NM 87701.
- **Once registered, you must immediately contact the LCC Business Office at 800.588.7232 or 505.454.2500 ext. 1001 to inquire about your assessed tuition and fee charges and make financial arrangements to avoid being administratively disenrolled for non-payment.**
- Keep in mind, as a result of registering for classes, you are responsible for any unpaid obligations to Luna Community College. Disenrolling, dropping or withdrawing from a class does not necessarily entitle you to a refund.
- **No other signatures** will be required on this card other than the student's. However, it may be routed to the LCC ACCESS Center to verify that you meet pre-requisite requirements.

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

Daytime Telephone #: _____ - _____ - _____

Email address: _____

PLEASE PRINT BELOW

LCC ID #

SSN

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____



REGISTRATION CARD

FALL 20____ SPRING 20____ SUMMER 20____

Update Request (check appropriate box)

NAME ADDRESS TELEPHONE

SIGNATURES

STUDENT _____ DATE _____

ADVISOR _____ DATE _____

COURSE NUMBER	Section #	COURSE TITLE	DAYS	BEG TIME	END TIME