



Mail to: **Continuing Education**
 1600 Maple, PO Box 3010
 Longview WA 98632
 Phone: 360.442.2840

Year: _____
 Spring Fall
 Summer Winter

Sign up now! Continuing Education

 ** Student ID (If known) DOB (mm/dd/yyyy) Signature (required for enrollment)

 Last Name First Name Middle Name Previous Last Name

 Mailing Address City State Zip Code

 E-mail Address Home Phone Work Phone Cell Phone

ENROLLMENT INFORMATION

Item #	Course Description	Dept.	Course	Section	Room	Days	Time	Date	Fees
Total									

Have you ever attended classes at Lower Columbia College?
 Yes No Last year attended _____

How did you hear about this class?

 Any other classes you'd like to see at LCC?

CREDIT CARD INFORMATION
 VISA MASTER CARD \$ _____
 CARD NUMBER _____
 EXPIRATION DATE: _____
 X _____
 Signature (Name as it appears on the card)

Mail or fax (360.442.2609) your completed form with payment to complete enrollment.

REFUND POLICY: Written notice must be received 3 business days prior to the course start date in order to receive a refund on courses you have enrolled in. Refunds will automatically be issued in the event of course closure

Class enrollment is first come, first served. Register early to secure your place in your preferred courses

** The student ID# is assigned by Lower Columbia College to provide specific identification for every student. This ID is NOT your Social Security number.