

# Lake Land College

# Intent to Enroll

Name:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Other/Previous name(s)

Address:

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City State Zip Code County

Telephone Home \_\_\_\_\_

Telephone Cell \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your SSN is protected under FERPA, Federal guidelines & will not be released

Birthdate \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Last high school attended/attending:

\_\_\_\_\_  
School City State

Year graduated or expected to graduate: \_\_\_\_\_

Year received GED \_\_\_\_\_

List ALL colleges/universities attended or now attending:

\_\_\_\_\_  
Name City State

\_\_\_\_\_  
Name City State

\_\_\_\_\_  
Name City State

Are you in the United States on a Visa-Nonresident Alien?

\_\_\_ Yes in the United States on a Visa  
Provide Home Country of Origin \_\_\_\_\_

\_\_\_ Not in the United States on a Visa

Are you Hispanic or Latino (or are you of Spanish Origin?)

\_\_\_ Yes Hispanic or Latino \_\_\_ Not Hispanic or Latino

Are you from one or more of the following racial groups?  
(Select All That Apply)

- \_\_\_ American Indian or Alaska Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White
- \_\_\_ Choose Not to Respond

Please identify your primary racial/ethnic group. (Select One).

- \_\_\_ American Indian or Alaska Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Hispanic or Latino
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White
- \_\_\_ Choose Not to Respond

Select highest degree earned:

- \_\_\_ Less than High School
- \_\_\_ GED
- \_\_\_ High School Diploma
- \_\_\_ Associate
- \_\_\_ Baccalaureate
- \_\_\_ Certificate
- \_\_\_ Masters
- \_\_\_ Doctorate
- \_\_\_ 1<sup>st</sup> Professional
- \_\_\_ Other
- \_\_\_ Some College
- \_\_\_ Unknown

**Applicant Certification:** I understand that withholding information requested on this application, or giving false information, may make me ineligible for admission to the College or subject to dismissal. With this in mind, I certify that the above statements are correct and complete:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date

Lake Land College does not discriminate on the basis of race, color, sex, age, religion, national origin, ancestry, disability, marital status, sexual orientation, or any basis of discrimination precluded by applicable federal and state statutes in admission or access to or in treatment of employment in college programs and/or activities. Human Resources, Lake Land College(217)234-5210, has been designated to coordinate compliance with non-discrimination requirements contained in the implementing regulations of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Age Discrimination Act of 1975. Coordinator of Disability Services,(217)234-5259, is designated as the Section 504 Coordinator of the Rehabilitation Act of 1973

Program of Study: **NDP.MAP** Applying for Term Beginning: Year **2022** \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall

Degree Objective: (1) Only complete one or several courses-not pursuing a certificate or degree

Transfer Plans: Not planning to transfer to a four-year college or university

Student Intent: (2) To improve skills for present job.

Section Name and Title
