

Request for 1 Free Course Based on GED Completion on or after July 1, 2002 Please complete this form and submit it to the Admissions Office.

Name:	SS#					
Address:	City:			_State:	Zip:	
Daytime telephone: ()	Home telephone:()					
E-mail address (if applicable): _						
Year you received your GED: _	received your GED:GED test location (City):					
LSCC entry term / year:	Fall	Spring	pring Summer		Year	
Please answer the following questions by circling Yes or No:						
Do you plan to apply for financial aid at LSCC?				No		
If so, have you already applied for financial aid?				No		
Have you received your acceptance letter to LSCC?			Yes	No		
*Signed:			Date	:		

*By my signature, I certify that, to the best of my knowledge, the information above is accurate and true. I understand that by providing false or misleading information, I may face student disciplinary actions.