



Senior Citizen Registration Form

Directions:

This form must be completed each semester by persons who are 62 years of age by the beginning of the semester who want the “senior citizen rate.” A tuition and fee statement with the revised amount due will be mailed.

Please indicate your desired option:

- I want to **enroll for credit on or after the second day of the semester and receive an “A-F” grade and a reduced rate.** I will be charged an administrative fee of \$20.00 per credit and am responsible for **all** fees associated with the course. Select this grading method if you plan to earn a certificate, diploma or degree.
- I want to **enroll on or after the second day of the semester to audit a course and will receive an “AU” grade and a reduced rate.** I will not be charged the administrative fee of \$20 per credit but am responsible for all other fees. Note that an “AU” grade does not count toward graduation requirements.
- I want to enroll **before** the second day of the semester, **pay full tuition and fees**, and earn an A-F grade.

Student Information:

Last Name: _____ First: _____ Middle: _____
 CLC Tech ID/Star ID: _____ SSN (If no Tech ID): _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Circle Semester and indicate Year:

Fall Spring Summer Year _____

<u>Course ID</u>	<u>Department</u>	<u>Course #</u>	<u>Section #</u>	<u>Course Title</u>	<u>Credits</u>	<u>Instructor</u>
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Student signature: _____ Date: _____

By signing this form, I am requesting to register for this course and pay the fees associated with the option I selected above.

For Office use only:

Admissions: _____ Date: _____
 Records/Registration: _____ Date: _____
 (Register student, enter AR Special Rate of 80, enter AU grade if auditing)
 Business Office: _____ Date: _____



Student Information

Greetings from Central Lakes College!

We are excited that you have decided to take a course(s) at Central Lakes College. You will be notified by email once you are registered. At that time, please schedule an appointment with an Academic Advisor to review your next steps. See <http://www.clcmn.edu/advising-2/> to schedule an appointment with an advisor.

Please return completed form to registration@clcmn.edu or to the attention of “Records and Registration Office” at one of the campuses below.

CLC Contact Information:

CLC Brainerd Campus

501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8000
Fax: 218-855-8220
askclc@clcmn.edu

CLC Staples Campus

1830 Airport Road
Staples, MN 56479-3252
1-800-247-6836 or
218-894-5100
Fax: 218-296-7256
askclc@clcmn.edu