

**Lancaster General College of Nursing & Health Sciences**  
**410 North Lime Street, Lancaster PA 17602**

**Open Studies Registration Form**

1. This form is to be completed by students who are registering as non-degree students and are not applying to a major program at this time.
2. Open Studies students are not eligible for Title IV funds.
3. To be considered for acceptance as a degree-seeking student, students must complete the College application for admission.

**Personal Information (Please type or print legibly):**

Name \_\_\_\_\_  
Last First M.I.

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/ethnic group:**

- |  |   |
|--|---|
| <input type="checkbox"/> African American, Black         | <input type="checkbox"/> Caucasian, White |
| <input type="checkbox"/> Native American, Alaskan Native | <input type="checkbox"/> Multi-Ethnic     |
| <input type="checkbox"/> Hispanic, Latino                | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Asian Pacific Islander          |   |

**Citizenship (Please check one):**

- United States Citizen     Resident Alien    Alien Registration Number \_\_\_\_\_  
 Non-Resident Alien    Country \_\_\_\_\_ Visa Status \_\_\_\_\_  
(attach Visa copy to application)

**Please indicate your primary academic interest area:**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Cardiovascular Invasive Specialty | <input type="checkbox"/> Nursing                          | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Clinical Laboratory Science       | <input type="checkbox"/> Nursing - LPN Advanced Placement |                                    |
| <input type="checkbox"/> Diagnostic Medical Sonography     | <input type="checkbox"/> Radiography                      |                                    |
| <input type="checkbox"/> Nuclear Medicine Technology       | <input type="checkbox"/> Surgical Technology              |                                    |

**Person to contact in case of Emergency** \_\_\_\_\_  
Name Relationship

Contact's Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**How did you first learn about Lancaster General College?**

____ Guidance Office	____ High School Visit	____ Relative/Friend	____ Internet
____ Radio/Newspapers	____ Healthcare Facility Visit	____ Open House	____ Other
____ College Night/Fair			

Signature \_\_\_\_\_ Date \_\_\_\_\_