

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. THIS FORM MUST BE RETURNED TO THE COLLEGE ADMISSION OFFICE PRIOR TO YOUR REGISTRATION APPOINTMENT.
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 Middle Name

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

Address \_\_\_\_\_

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

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

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

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

Race/ethnic group:

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

Citizenship (Please check one):

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

Please check one of the following two statements to indicate your plans at this time:

\_\_\_\_\_ I am only planning to take a course or two at Lancaster General College, and I do not plan to pursue a degree at the College.

\_\_\_\_\_ I am taking a course or two at this time, but I plan to eventually pursue a degree at Lancaster General College.

Please indicate your primary academic area of interest:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cardiac Electrophysiology         | <input type="checkbox"/> Nursing - Day                    | <input type="checkbox"/> Surgical Technology            |
| <input type="checkbox"/> Cardiovascular Invasive Specialty | <input type="checkbox"/> Nursing – Evening/Weekend        | <input type="checkbox"/> RN to BSN                      |
| <input type="checkbox"/> Clinical Laboratory Science       | <input type="checkbox"/> Nursing - LPN Advanced Placement | <input type="checkbox"/> B.S. in Health Sciences        |
| <input type="checkbox"/> Diagnostic Medical Sonography     | <input type="checkbox"/> Respiratory Care                 | <input type="checkbox"/> B.S. Healthcare Administration |
| <input type="checkbox"/> Nuclear Medicine Technology       | <input type="checkbox"/> Radiography                      | <input type="checkbox"/> Undecided                      |

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

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

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	_____ TV Ad	_____ Current Student	

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