



Registration Form for Immanuel Lutheran College

501 Grover Road Eau Claire, WI 54701-7134

Phone: 715-836-6621 Fax: 715-836-6634 www.ilc.edu

(This form is only for College registration, not High School or Seminary. **If registering for an online course**, please use the online college courses registration form.)

First Name and Middle Initial of Student

Last Name of Student

Present Home Address: Number and Street, Apartment Number, Rural Route

City, Town, or Post Office, State, and ZIP Code

Home Phone

Student E-mail Address

Student Cell Phone Number

Date of Birth: Month, Day, Year

M or F

Church Affiliation: Congregation _____

Location _____

Pastor _____

Baptized: Yes _____ No _____ Confirmed: Yes _____ No _____

Indicate Level of College: Fr _____ So _____ Jr _____ Sr _____ Special _____

Indicate Program: General (A.A.) _____ Education (B.S.) _____ Pre-Theological (B.A.P.S.) _____

Religious Studies (B.A.R.S.) _____ Pre-Seminary (2-year; requires a 4-year degree) _____

Undeclared: Full-time _____ Part-time _____

Previous Education High School _____ Year _____

_____ Year _____

College _____ Year _____

_____ Year _____

Indicate Needs (X): Dormitory Room & Board _____ Piano Lessons _____ Organ Lessons _____

Will the student have a car on campus: Yes _____ No _____ If Yes, please complete the following:

Make _____ Year _____ Color _____ State _____ License # _____

Responsibility for payment of accounts:

Indicate one: Self _____ Parents _____ Other _____

If indicating Parents or Other, please give the person's name, address, and phone number. This person must indicate agreement to pay on your behalf by signing the last signature line provided:

(Name) (Full Address) (Phone number)

Signature agreement of responsible party: By signing this registration form I agree to the following:

- In a timely manner I will pay all costs associated with attendance at Immanuel Lutheran College.
- I authorize the potential release of registration and student account information to my parents and my CLC pastor.

Signed (college registration): _____ Date: _____
(Student)

Signed (responsible for payment): _____ Date: _____
(If Parent or Other)

Registration Checklist

Check when completed

*** If you have been attending ILHS or ILC, you do not need the following items.*

I have accompanied this form with the payment of the non-refundable registration fee of \$50.00 _____

I have contacted the school last attended and requested that they forward a transcript to the Registrar of Immanuel Lutheran College (address below). This transcript is required for the completion of the registration process (not necessary if only auditing the online course). _____

I have requested that my pastor send a "Pastoral Recommendation Form" directly to ILC (This applies only to those who are members of the Church of the Lutheran Confession and is not necessary for those who are only auditing the online course). _____

Registrations may be mailed or faxed to:

Immanuel Lutheran College
501 Grover Road
Eau Claire, WI 54701-7199
Fax: 715-836-6634
Phone: 715-836-6621
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