



Learning can be a lifelong endeavor, not something that ends at a certain age. Lifetime of Learning courses are not workshops or enrichment classes; they are college courses available to individuals age 55+ at a reduced rate that do not carry credits. This means you will not be required to take tests or complete assignments. Your grade will appear as "Audit" on an official La Roche University transcript.

You may register for one undergraduate course per semester (fall, spring or summer), and the cost is \$100 per course. Some courses are restricted to students in specific majors as indicated in the course details on **My.LaRoche**.

You can view each semester's schedule of classes at **My.LaRoche.edu**. Traditional students receive first choice for course selection. If a class is full, we will notify you that you have been registered for your alternate choice.

LIFETIME OF LEARNING REGISTRATION DATES

Registration for Lifetime of Learning students will be processed according to the following schedule:

Fall Semester	July 15 through first day of the semester
Spring Semester	November 15 through first day of the semester
Summer Session	April 15 through the first day of the session

An email confirmation with the location of your class will be sent to you upon approval of your course registration.

Thank you for your interest in La Roche University's Lifetime of Learning Program.

MAIL TO:

Lifetime of Learning Program
 Registrar's Office
 La Roche University
 9000 Babcock Boulevard
 Pittsburgh, PA 15237

PHONE: 412-536-1083
FAX: 412-536-1075
E-MAIL: registrar@laroche.edu

*View semester class schedules at **My.LaRoche.edu***

- Click on: **Course Search**
- Enter Semester: **FA, SP or SU**
- Click: **Search**

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PERSONAL INFORMATION

Name (PRINT) _____ Birth Date (MM/DD/YYYY) _____ Daytime Phone _____
 Social Security # _____ Address _____
 City _____ State _____ ZIP _____

COURSES (\$100 per course)

FIRST CHOICE

Course Number _____ Course Name _____
 Days & Time _____ Semester _____

ALTERNATE CHOICE

Course Number _____ Course Name _____
 Days & Time _____ Semester _____

METHOD OF PAYMENT (Make check payable to La Roche University)

Payment enclosed
 VISA MasterCard Card # _____ Exp. Date _____

AUTHORIZING SIGNATURE _____