

REGISTRATION FORM CREDIT COURSES

PLEASE PRINT CLEAF	KLY										•	CHECK ONE:
Legal Name: Last				First	Middle	Middle SCC ID Number						☐ Beatrice Campus • Fax 402-228-8935 ☐ Lincoln Campus • Fax 402-437-2402
Former Name:	E-mail	Addr	ess: (re	equired for students on class wai	:lists)	ts) Social Security Number						☐ Milford Campus • Fax 402-761-2324
Local / Preferred Mailing Address:				City		State Zip				unty		TERM Year: 20 23
Permanent Address:				City	State Zip C					unty		☐ Fall ☐ Spring Summer ☐ Yes, I am Declared (list program of study
Birth Date:	I identify as: Ethnicity (select one): Hispanic or Latino Not Hispanic or Latin				Race (select one or more): American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Mhite							
Cell Phone:		Hor	ne Pho		Business Phone:						esident of ebraska on-Resident	NEWSPAPER RELEASE Hometown Newspaper:
High School Attended/GED*:	City				State						ate (mo/year)	Address:
College Attended Post High School:	State Start Date (mo/year) End Date (mo/year)					/year)						
				CREDIT C	OUDCEC							
Course Num	ber			CREDIT C	Credit Hours	Begin Time	End Time	Room	Davs	LAST DAY to Drop With Refund	Day designations when class meets are:	
E N G L 1 1 2 0	LN	8	1	ENGLISH BASICS	(sample only)	3	8 a.m.		T-5	T/R	-	M = Monday, T = Tuesday, W = Wednesday R = Thursday, F = Friday
												S = Saturday, U = Sunday
												(T R means class meets Tuesday <u>AND</u> Thursday)
												OFFICE USE ONLY
												Data Entry
					_							Date
							TOTA	L CREDIT H	OURS			
Student Signature					Date	Program	Director/A	Advisor Signa	ture			

Submission of this form indicates that I understand:

- 1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed;
- 2. To drop or withdraw from classes, I must submit an 'Official Drop/Add Form for Credit Classes' in writing to the Registration Office located in Student Affairs or drop the classes using WebAdvisor. Failure to attend a course does not constitute
- 3. I understand tuition charges and refund policies are published in the College Catalog;
- 4. The personal information contained herein is correct as shown; and
- 5. Any changes in SSN, legal name, address, residency, etc., must follow the College procedures in the College Catalog.

Community College to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of Southeast Community College's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/ Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

Equal Opportunity/NonDiscrimination Policy - It is the policy of Southeast Declaración de política sobre equidad/antidiscriminación - La política publica de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo, edad. estado civil, origen nacional, etnia, condición de veterano, orientación sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio. Preguntas relacionadas a la política sobre equidad/antidiscriminación de Southeast Community College deben dirigirse a: Vice President for Access/ Equity/Diversity, SCC Area Office, 301 S 68 Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, o jsoto@southeast.edu.