

REGISTRATION FORM CREDIT COURSES

Legal Name: Last		First		Middle		SCC ID Number
Local / Preferred Mailing Address:			City	State	Zip	County
Birth Date: / /		Sex assigned at birth: (federal reporting requirement) <input type="checkbox"/> Male <input type="checkbox"/> Female				
Cell Phone:		Home Phone:		Business Phone:		<input type="checkbox"/> Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident

CREDIT COURSES

Course Number	Course Title	Credit Hours	Begin Time	End Time
.9.9298 40142 24064 41 0 0 1 c r75 424act S5Dr</Lanop With Refu/Layo92s0 k /7.7.318na re Su426 132.7524 401	(Student)TjtEfact75 S5L2r Lfact75tino /5			

TOTAL CREDIT HOURS