

# Fall 2024 Semester Credit Classes

Are you thinking of starting college?

Are you needing to complete General Education classes for an SCC program or at another college?

Are you needing to complete pre-requisite classes to be admitted to a program in the SCC Health division?

Are you a high school student who would like to complete college General Education credit classes?

For more information, contact the Learning Center at [wfriesen@southeast.edu](mailto:wfriesen@southeast.edu) or 402-323-5591.

► Do you want to take a credit class that isn't scheduled for your Learning Center?

Contact the Learning Center  
at [wfriesen@southeast.edu](mailto:wfriesen@southeast.edu) or 402-323-5591.

## HLTH-1150

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Prerequisite: Must be at least 16 years old

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of the nursing assistant as a health care team

member. Discussions on the concepts of

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skills, including bathing, assisting with dining,

ambulating, transferring, and toileting. Included

in this course are classroom, nursing lab and

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Course is approved by the Nebraska Department of

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Upon successful completion of this course, the student

is eligible to test for placement on the Nebraska

Nursing Assistant Registry. For additional classes,

visit [southeast.edu/nursingassistant](http://southeast.edu/nursingassistant) . This course

*does not qualify for financial aid. For funding options,*

# REGISTRATION INSTRUCTIONS

## Two Ways to Register

1. **PLEASE PRINT** Complete all blanks and answer all questions.

- a. **DEMOGRAPHICS** - Please complete the demographic information. This information is important in maintaining accurate records.  
1. **NAME** - Last name, first name, middle name (if any)  
2. **DATE OF BIRTH** - Month, day, year
- b. **CREDIT CLASSES** - Enter all information on one line for each class. Enter the number of credit hours for each class and enter the total in the box to the left of "Total Credit Hours."  
1. **CLASS NUMBER** (e.g., 101, 202, 303)  
2. **CREDIT HOURS** (e.g., 3, 4, 5)  
3. **GRADE** (e.g., A, B, C, D, F, I, W, S, U, X, Y, Z)
- c. **SIGNATURE** - Please sign the registration form.  
1. **SIGNATURE** (Print name)  
2. **DATE** (Month, day, year)
- d. **REGISTRATION FEE** - Enter the amount of the registration fee.  
1. **REGISTRATION FEE** (e.g., \$100.00)
- e. **ADDITIONAL INFORMATION** - Enter any other information that may be helpful.  
1. **ADDITIONAL INFORMATION** (e.g., "I am a transfer student.")

# REGISTRATION FORM CREDIT COURSES

PLEASE PRINT CLEARLY

Legal Name: Last		First		Middle		SCC ID Number						
Former Name:				Email Address: (required for students on class waitlists)				Social Security Number				
Local / Preferred Mailing Address:			City		State		Zip		County			
Permanent Address:			City		State		Zip		County			
Birth Date: / /		I identify as:		<input type="checkbox"/> Male		<input type="checkbox"/> Female						
Cell Phone:			Home Phone:			Business Phone:			Veteran or Dependent <input type="checkbox"/>		<input type="checkbox"/> Resident of Nebraska	
										<input type="checkbox"/> Non-Resident		

CHECK ONE:

- Beatrice Campus • Fax 402-228-8935
- Lincoln Campus • Fax 402-437-2670
- Milford Campus • Fax 402-761-2324

### TERM

- Fall   
  Spring   
  Summer

## CREDIT COURSES

Course Number													Course Title	Credit Hours	Begin Time	End Time		
E	N	G	L	1	1	2	0	L	N	8	1		ENGLISH BASICS (sample only)	3	8 a.m.	9:20	T-5	T / R

TOTAL CREDIT HOURS