



Registration Form - Non-Credit Course

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit southeast.edu/collegecatalog for additional information.

Today's Date

____/____/____

* Required PLEASE PRINT

Social Security Number OR SCC Student ID Number		Name: * Last		* First	Middle Initial	* Email Address	
* Residence Mailing Address			* City	* State	* Zip	County #	* %Cell %Home Phone
* Birth Date	Identify as: % Male % Female	Ethnicity (select one): % Hispanic or Latino % Not Hispanic or Latino	Race (select one or more): % White % Native Hawaiian or Other Pacific Islander % American Indian or Alaska Native		% Asian % Black or African American	% NE Resident % Non-Resident	Business Phone

SECTION

N	U	R	S	3	1	8	7	W	B	F	C	A	Intravenous Therapy Current Standards of Practice	Now thru Dec. 31, 2024	Online	\$79
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%Check %Mastercard %AMEX %Discover %VISA V Code _____ <small>(Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.)</small> Name as it appears on card: _____ Exp.Date _____ CC # _____ <small>For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.</small>

Would you like a receipt mailed to you? %Yes %No

SCC Staff Tuition Waiver (_____)	TOTAL DUE
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You must have an email account to register online.