REGISTRATION FOR 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: ☐ Male ☐ Female		
Cell Phone:	Home Phone:	Business Phone:	Veteran or Dependent ☐ Yes ☐ No ☐ Resident of Nebraska ☐ 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	Room	Days	

TOTAL CREDIT HOURS

OFFICE USE ONLY

Data Entry _____

Date _____

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;
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_____

_____

Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy.
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