



Fall 2024  
Semester  
**Credit  
Courses**



# 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"/> 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	
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TOTAL CREDIT HOURS