

REGISTRATION FORM - NON-CREDIT COURSE

Southeast community college

Complete this form with payment information and send via
 FAX or mail to: **SCC-Continuing Education Center**
301 S. 68th Street Place, Lincoln, NE 68510
FAX: (402) 437-2703

The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to redisclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2011 QUARTER	
<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING

PLEASE PRINT

Social Security Number		Name: Last		First		Middle Initial		E-mail Address			
Residence Mailing Address						Home Phone		Cell Phone		Business Phone	
City		State		Zip		Birth Date		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		County #		<input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska		Would you like to be added to our e-mail mailing list? Please provide your e-mail address above. <input type="checkbox"/> Basic Skills, GED, ESL & Citizenship <input type="checkbox"/> Business & Technology <input type="checkbox"/> Families, Finances & Home <input type="checkbox"/> Health/EMS <input type="checkbox"/> Industry & Trades <input type="checkbox"/> Personal Interest <input type="checkbox"/> Real Estate <input type="checkbox"/> Traffic Safety & Licensing <input type="checkbox"/> Training Solutions					

Course Number	Title	Start Date	Cost
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____

How did you hear about the classes for which you are registering:

Continuing Education Schedule SCC Web Site
 Newspaper E-mail
 Friend/Associate Brochure/Flyer
 Radio/TV Employer
 Digital Billboard

Staff/Department Discount ()

TOTAL DUE

FOR OFFICE USE ONLY

DE _____ ID# _____

SIGNATURE _____

Check (must be included) Cash (must be included)
 V Code _____

Would you like a receipt mailed to you?
 Yes No

Name as it appears on card: _____
 Exp.Date _____ Credit card # _____
 Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

Submission of this form indicates that I understand: **1)** that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; **2)** that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; **3)** that failure to attend a course does not constitute an official drop/withdrawal; **4)** the personal information contained herein is correct as shown; and **5)** any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.