



REGISTRATION FORM - NON-CREDIT COURSE

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

PLEASE PRINT

Today's Date: ___/___/___

Last Name: _____ First Name: _____ Middle Initial: _____

Residence Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County Number: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Social Security Number*: _____ - _____ - _____ Birth Date: ___/___/___ OR SCC ID Number: _____

Email Address: _____

Gender: Male Female Residency: Resident of Nebraska Non-Resident of Nebraska

Ethnicity (select one): Hispanic or Latino
 Not Hispanic or Latino

Would you like to be added to our email mailing list?
 Please provide your email address above.

Race (Select one or more): White
 Asian
 Black/African-American
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander

Basic Skills, GED, ESL & Citizenship
 Business & Technology
 Health/EMS
 Personal Interest
 Traffic Safety & Licensing
 Families, Finances & Home
 Industry & Trades
 Real Estate
 Training Solutions

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

SCC Staff Tuition Waiver _____

Total Due \$ _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Continuing Education Schedule | <input type="checkbox"/> SCC Website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Email | <input type="checkbox"/> Friend/Associate | <input type="checkbox"/> Brochure/Flyer |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Employer | <input type="checkbox"/> Digital Billboard |
| <input type="checkbox"/> Previous Class | <input type="checkbox"/> Other _____ | |

FOR OFFICE USE ONLY

ID# _____

DE _____

SIGNATURE _____

Check (must be included) Cash (must be included)

MasterCard AMERICAN EXPRESS DISCOVER VISA 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)

NOTE: 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.

CONFIRMATIONS: All registered students must report to the first class session unless you are notified by the College that the class is full or has been cancelled. Paper confirmations are not mailed. Online registration will generate a confirmation email.

CANCELLATION/REFUND POLICY: The student is entitled to a 100% refund for any non-credit class if the class is dropped the day before class begins. If a student drops a class the day class begins or after, there will be no refund. Refunds for classes cancelled by the College are automatically processed and students are not required to submit a drop or withdrawal form for any classes cancelled by the College.

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.

*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.