

# REGISTRATION FORM - NONCREDIT 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**

Include credit card information or Letter of Authorization for third-party billing.  
 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.

**PLEASE PRINT**

2008 QUARTER	
<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING

Social Security Number		Name: Last		First	Middle Initial	E-mail address		
Residence Mailing Address				City	State	Zip	County # <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone	
Birth Date / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Used for statistical purposes only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Black/African-American, Non-Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska	Home Phone

COURSE NUMBER	SECTION	TITLE	START DATE	LOCATION	TIME	COST

ALTERNATE Course(s) Numbers	Section	WHICH REPLACES Course(s) Numbers	Section

Staff/Department Discount	(      )
<b>TOTAL DUE</b>	
FOR OFFICE USE ONLY	
DE _____	ID# _____

**SIGNATURE** \_\_\_\_\_

Check    Cash    Mastercard    Discover    VISA   V Code \_\_\_\_\_

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 Southeast Community College 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, ancestry, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of Southeast Community College's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Affirmative Action, Equity and Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, or jsoto@southeast.edu via e-mail.