

Thank you for your interest in Southeast Community College! If you are not seeking a degree from SCC and plan to enroll in only a few courses without receiving financial aid assistance, you do not need to apply for admission to the College. Registration for individual courses as a Visiting Student can be completed with assistance from an Admissions Advisor and/or at the Registration and Records Office. Individuals not seeking a degree from SCC and who desire to register for classes online should complete the [Visiting Student Application](http://www.southeast.edu/applynow) at [www.southeast.edu/applynow](http://www.southeast.edu/applynow).

FOR OFFICE USE ONLY:  
 Application received \_\_\_\_\_

You may complete the application form online at [www.southeast.edu](http://www.southeast.edu) or complete and mail this paper application to the Admissions Office on the campus you plan to attend. (Completion of ALL sections on this form is REQUIRED. Please use blue or black ink.)

## PERSONAL INFORMATION

Full legal name: \_\_\_\_\_  
LAST FIRST MIDDLE

BIRTH/MAIDEN NAME (IF DIFFERENT FROM LEGAL NAME) \_\_\_\_\_ PREVIOUS LAST NAME (IF DIFFERENT THAN BIRTH/MAIDEN NAME) \_\_\_\_\_

Current mailing address \_\_\_\_\_  
STREET/P.O. BOX # CITY STATE ZIP NEBRASKA COUNTY NUMBER OR NAME

Permanent mailing address \_\_\_\_\_  
 (IF DIFFERENT FROM ABOVE) STREET/P.O. BOX # CITY STATE ZIP NEBRASKA COUNTY NUMBER OR NAME

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone company:  AT&T  Sprint  U.S. Cellular  Verizon  Other \_\_\_\_\_

Landline phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Permission to text (Please check the box if you give SCC permission to send you text messages.)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (as printed on your Social Security card)

I identify as:  Male  Female Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity (select one):  Hispanic or Latino  Not Hispanic or Latino

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

Personal Email: \_\_\_\_\_  
*(The College routinely communicates important information to students via email. Please do not use a school affiliated email address).*

## EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency: \_\_\_\_\_  
NAME RELATIONSHIP TO APPLICANT AREA CODE AND PHONE #

## VETERAN INFORMATION

Have you served/are currently serving in the U.S. Armed Forces?  Yes  No If Yes, what is your Military Status?  Currently Active Duty  Veteran  
 National Guard  Reserve

Are you a spouse or a dependent of a service member of the U.S. Armed Forces?  Yes  No If Yes, please indicate one:  Spouse  Dependent

Are you planning to use G.I. Bill Benefits?  Yes  No

## EDUCATIONAL HISTORY

What is the highest school your parent 1/guardian completed?  Middle/Jr. High  High School/GED\*  Some College (less than a Bachelor's Degree)  Other/Unknown

What is the highest school your parent 2/guardian completed?  Middle/Jr. High  High School/GED\*  Some College (less than a Bachelor's Degree)  Other/Unknown

I have:  Graduated/will graduate from high school prior to enrollment at SCC Month: \_\_\_\_\_ Year: \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Earned a GED\* Month: \_\_\_\_\_ Year: \_\_\_\_\_

Graduated/will graduate from a certified home-school program Month: \_\_\_\_\_ Year: \_\_\_\_\_

Completed courses at another college or university (including dual credit)  Yes  No *If yes, please submit an official transcript and complete the following:*

NAME OF COLLEGE/UNIVERSITY ATTENDED \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATES OF ATTENDANCE (MONTH/YEAR) \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY ATTENDED \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATES OF ATTENDANCE (MONTH/YEAR) \_\_\_\_\_

## INTENDED ENROLLMENT

Some programs have limited enrollment and may not intake new students every term. If the term you requested is not available, your application will be processed for the next available starting term:  Fall Semester 2019 (August 26)  Spring Semester 2020 (January 13)  Summer 2020  Fall 2020

## STUDENT STATUS

I am a:  New student  Former SCC student  Current SCC student  
 I am a:  Nebraska resident  Out-of-State resident

## SCC 2019-20 PROGRAMS OF STUDY

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Transfer - Associate of Arts .....B/L/M/O<br>Examples: education, humanities, social science, social work   | <input type="checkbox"/> Design & Drafting Technology .....L  |
| <input type="checkbox"/> Academic Transfer - Associate of Science ..B/L/M/O<br>Examples: agriculture, computer science, engineering, science, mathematics, or a pre-professional program (pre-vet, pre-dentistry, pre-med, etc.)<br>with focus in biotechnology | <input type="checkbox"/> Diesel Technology-Truck.....M  |
| To help us provide focused advising, please select your career interest area from the list below.   | <input type="checkbox"/> Diesel-Ag Equipment Service Tech.....M   |
| <input type="checkbox"/> Associate Degree Nursing.....B/L   | <input type="checkbox"/> Dietary Manager.....O (L)  |
| <input type="checkbox"/> LPN to ADN option (L)  | <input type="checkbox"/> Early Childhood Education.....L/O*   |
| <input type="checkbox"/> LPN to ADN option (B)  | <input type="checkbox"/> Electrical & Electromechanical Technology.....M                                      |
| <input type="checkbox"/> Dental Assisting.....L   | <input type="checkbox"/> Electronic Systems Technology.....L  |
| <input type="checkbox"/> Medical Laboratory Technology.....L  | <input type="checkbox"/> Energy Generation Operations.....M   |
| <input type="checkbox"/> Paramedic.....L/O*   | <input type="checkbox"/> Ford Automotive Student Service Educational Training (ASSET).....M                   |
| <input type="checkbox"/> Pharmacy Technician.....L/O*   | <input type="checkbox"/> General Motors Automotive Service Educational Program (ASEP).....M                   |
| <input type="checkbox"/> Physical Therapist Assistant.....L   | <input type="checkbox"/> Geographic Information Systems Technician.....O (L)                                  |
| <input type="checkbox"/> Polysomnographic Technology.....O*(L)  | <input type="checkbox"/> Graphic Design Media Arts.....Q  |
| <input type="checkbox"/> Practical Nursing.....B/L/M  | <input type="checkbox"/> Heating, Ventilation, Air Conditioning & Refrigeration Technology .....M             |
| <input type="checkbox"/> Radiologic Technology.....L/O*   | <input type="checkbox"/> Healthcare Services .....L/M   |
| <input type="checkbox"/> Respiratory Care.....L/O*  | <input type="checkbox"/> Horticulture & Turfgrass Management.....B  |
| <input type="checkbox"/> Surgical Technology.....L/O*   | <input type="checkbox"/> Human Services .....L  |
| <input type="checkbox"/> I am undecided which SCC Health Science program I am interested in.  | <input type="checkbox"/> John Deere Tech .....M   |
| <input type="checkbox"/> I am interested in transferring prerequisite coursework toward a health program at another institution.  | <input type="checkbox"/> Land Surveying/GIS/Civil Engineering Technology M                                    |
| <input type="checkbox"/> Accounting.....B/L/M/O   | <input type="checkbox"/> Law Enforcement & Homeland Security .....B/Q   |
| <input type="checkbox"/> Adult & Juvenile Services and Corrections.....B/Q  | <input type="checkbox"/> Livestock Management & Production.....B  |
| <input type="checkbox"/> Agriculture Management & Production .....B   | <input type="checkbox"/> Long Term Care Administration .....O*(L)   |
| <input type="checkbox"/> with focus in Agribusiness   | <input type="checkbox"/> Manufacturing Engineering Technology .....M  |
| <input type="checkbox"/> with focus in Agronomy   | <input type="checkbox"/> Medical Assisting.....L  |
| <input type="checkbox"/> with focus in Diversified Agriculture  | <input type="checkbox"/> MOPAR-Chrysler/Dodge/RAM/Jeep College Automotive Program (MCAP).....M                |
| <input type="checkbox"/> Auto Collision Repair Technology.....M   | <input type="checkbox"/> Motorcycle, ATV & Personal Watercraft Technology.....L                               |
| <input type="checkbox"/> Automotive Technology .....L/M   | <input type="checkbox"/> Part-Time Option   |
| <input type="checkbox"/> Part-Time Option (Lincoln Campus only)   | <input type="checkbox"/> Full-Time Option   |
| <input type="checkbox"/> Full-Time Option   | <input type="checkbox"/> Nondestructive Testing Technology.....M  |
| <input type="checkbox"/> Building Construction Technology .....M  | <input type="checkbox"/> Office Professional.....L/O  |
| <input type="checkbox"/> Business.....B/L/M/O   | <input type="checkbox"/> Plumbing Technology .....M   |
| <input type="checkbox"/> Business Communications .....B/L/M/O   | <input type="checkbox"/> Precision Agriculture .....B   |
| <input type="checkbox"/> Computer Information Technology.....L  | <input type="checkbox"/> Precision Machining and Automation Technology.....M                                  |
| <input type="checkbox"/> Criminal Justice .....B/Q/O  | <input type="checkbox"/> Professional Truck Driver Training.....L   |
| <input type="checkbox"/> Culinary/Hospitality .....L  | <input type="checkbox"/> This program in-takes twice per semester. See Admissions for start date information. |
| <input type="checkbox"/> Deere Construction & Forestry Equipment Tech .....M  | <input type="checkbox"/> Technical Skills Instructor .....L/M   |
|   | <input type="checkbox"/> Welding Technology (day) .....L  |
|   | <input type="checkbox"/> Welding Technology (evening) .....L  |

### Locations Offered

B = Beatrice Campus  
 L = Lincoln Campus  
 M = Milford Campus  
 Q = Education Square location (downtown Lincoln)  
 O = Entire program available online  
 O\* = Program offers Web-based courses but requires supervised clinicals/practicums/labs at identified locations.

Please note: Online courses may require proctored exams. Any cost for the proctor is incurred at the student's expense. Testing Centers located on each SCC Campus and Learning Center will proctor SCC exams at no charge to the student.

If you have questions please contact the Admissions Office at [admissions@southeast.edu](mailto:admissions@southeast.edu) or call the campus in which you plan to apply.

**Beatrice Campus:** 402-228-8214  
800-233-5027 ext. 1214  
**Lincoln Campus:** 402-437-2600  
800-642-4075 ext. 2600  
**Milford Campus:** 402-761-8243  
800-933-7223 ext. 8243

**Reasonable Accommodations for persons with disabilities:** SCC provides reasonable accommodations for students with disabilities to ensure access to educational programs and services. Students who are requesting an accommodation based on a documented disability are advised to make the request known as soon as possible to determine eligibility and ensure timely service. For information on requesting ADA reasonable accommodations, contact the Career Advising Office on the campus you plan to attend.

**Financial Aid at Southeast Community College:** SCC requires completion of the Free Application for Federal Student Aid (FAFSA) to determine eligibility for federal financial aid, i.e., grants, loans and work study. Students must be accepted into a Program of Study to be eligible to receive financial aid. Please contact the Financial Aid Office with questions.

SCC is an equal opportunity educator and employer. SCC es un patrono con Igualdad de Oportunidades en el Empleo y la Educación. [www.southeast.edu/diversity](http://www.southeast.edu/diversity)

## LOCATION PLEASE SELECT THE LOCATION YOU PLAN TO ATTEND

Please note: not all programs are offered at every location

- Beatrice Campus - 4771 W. Scott Rd., Beatrice, NE  Lincoln Campus - 8800 O Street, Lincoln, NE  
 Milford Campus - 600 State St., Milford, NE  Online - For programs designated with an "O" above.

## CERTIFICATION AND SIGNATURE

**Age Qualification:** By signing this application, I certify I will be at least 16 years of age on the date of my expected enrollment at Southeast Community College. If I am applying for the Professional Truck Driver Training program, I certify I will be at least 18 years of age on the date of my expected enrollment.

**Certificate of Application:** I hereby certify that 1) I understand that this Application for Admission is considered an educational record protected by SCC's policies and privacy statements located at <https://www.southeast.edu/legalnotices>, 2) I understand that the information provided may be used to tailor web page content or communication, including email, text, and phone calls, to my specific needs or interests, and 3) I certify that all of the information submitted in this Application for Admission is voluntarily submitted and honestly presented. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.

Your signature is your confirmation that the application you have filled out is your own work and the information is factually true.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_