Southeast Community College
CONTINUING EDUCATION

Today's Date: _____

Student Information

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

Birth Date: _____

Email Address: _____

Phone Number: _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

High School Attending: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Phone Number: _____

Submit as a Packet

❑ Complete the application form.

❑ Submit a copy of your Free/Reduced Lunch letter.

❑ Submit a thank you letter describing how the program will be beneficial to your future.

❑ Complete Southeast Community College Non-Credit Registration Form.

For Office Use Only

Date Packet Received: _____

Date Packet Reviewed by Director: _____

Packet Complete: ❑ Yes ❑ No

Application Funded: ❑ Yes ❑ No

Date Notification Sent to Student: _____

Date Application Information added to Database: _____