

## **Registration Form - Non-Credit Course**

Today's Date					
/_	_/				

Complete this form with payment information and send via mail to Southeast Community

PLEASE PRINT				udent provide their Socia				southeast.edu/collegecatalog for	additional information.
Social Security Number OR SCC Student II	Number	Birth Date	Name: L	ast	-		First Middle Initia		
Residence Mailing Address		1		City		State	Zip		County #
Email Address			Cell Phone		☐ Home ☐		3 Business Phone		
lidentify as: ☐ Male ☐ Female	□ Neb	raska Resident		y (select one):		ace (Select one or		D. American Indian / Alask	- Nation
-	□ N	on-Resident	☐ Hispa Lati			l White I Native Hawaiian/	☐ Asian Other Pacific Island	☐ American Indian/Alask er ☐ Black/African-Ameri	
COU	RSE NUMBER				TITL	E		START DATE	COST
									\$
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						of this form indicates		SCC Staff Tuition Waiver	( )
SIGNATURE			<u>-</u>		accountable grade in the	for the tuition and fe courses listed; 2) that	es and subject to a should I officially	See Stail Tuition waiver	,
□ Check (must be included) □	•	•		Would you like a receipt mailed to you?	be determin Continuing I	l, or withdraw, any refu ed by the date I subm Education; 3) that failu	it my request to re to attend a course	TOTAL DUE	
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Name as it appears on ca	rd:				residency, e in the Stude	tc. must follow the Col nt Handbook and Coll Opportunity co-educa	lege procedures ege Catalog. SCC	FOR OFFICE U	SE ONLY
Exp.Date CC #					does not dis sex*, age, m	criminate based on ra arital status, national	ce, color, religion, origin, ethnicity,		
Billing agency (INCLUDE L	ETTER OF AUT	HORIZATION C	N COMPA	NY LETTERHEAD	other factor	us, sexual orientation, s prohibited by law or ast.edu/diversity *	College policy.	ID#	
For the protection of your personal credit card information, do not email this form to only use the fax number listed or verify with SCC before using another SCC fax number to see the fax number listed or verify with SCC before using another SCC fax number to see the fax number to see			rm to SCC. If faxing umber.	of Education prohibition	n's Office for Civil Right on discrimination on t discrimination based	ts enforces Title IX's he basis of sex to	DE		
Southea COMMUNITY COLLEG PLEASE PRINT Social Security Number OR SCC Student II	Comple College	ete this form w e, Continuing E	ith payme ducation, 3		nd send via ace, Lincoln,	mail to South NE 68510 OR	east Commun FAX to 402-43	ity /	ay's Date  additional information.  Middle Initial
Residence Mailing Address		ı	·	City		State	Zip		County #
Email Address				Cell Phone			☐ Home ☐	Business Phone	
l identify as: ☐ Male ☐ Female	□ Neb	raska Resident	Ethnicit	y (select one): anic or		ace (Select one or	more):	☐ American Indian/Alask	a Nativo
	□ N	on-Resident	Lati				Other Pacific Island		
COU	RSE NUMBER				TITL	E		START DATE	COST
<u>-</u>									\$
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					1) that my re	of this form indicates egistration is complete	and that I am	SCC Staff Tuition Waiver	( )
SIGNATURE					grade in the	for the tuition and fe courses listed; 2) that I, or withdraw, any refu	should I officially		
Check (must be included)				Would you like a receipt mailed to you?	be determin Continuing I	ned by the date I subm Education; 3) that failu Institute an official dro	it my request to re to attend a course	TOTAL DUE	
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Exp.Date CC #					does not dis sex*, age, m	criminate based on ra arital status, national us, sexual orientation,	ce, color, religion, origin, ethnicity,		
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For the protection of your personal only use the fax number listed or	verify with SCC b	efore using anoth	ner SCC fax n	umber.	prohibition	n's Office for Civil Right on discrimination on t discrimination based	he basis of sex to	DE	