



Registration Form - Non-Credit Course

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|---------------------------------------|
| Today's Date ____/____/____ |
|---------------------------------------|

Complete this form with payment information and send via mail to Southeast Community College, Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68510 OR FAX to 402-437-2703

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit southeast.edu/collegecatalog for additional information.

* Required

PLEASE PRINT

| | | | | | | |
|--|--|---|--|---------|---|----------------|
| Social Security Number OR SCC Student ID Number | | * Birth Date | Name: * Last | | * First | Middle Initial |
| * Residence Mailing Address | | | * City | * State | * Zip | County # |
| * Email Address | | | * <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home | | Business Phone | |
| I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident | Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African-American | |

| COURSE NUMBER | TITLE | START DATE | COST |
|---------------|-------|------------|------|
| - | - | - | \$ |
| - | - | - | \$ |
| - | - | - | \$ |

SIGNATURE

Check (must be included) (Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.)

MasterCard AMERICAN EXPRESS DISCOVER VISA V Code _____

Name as it appears on card: _____

Exp. Date _____ CC # _____

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.

Would you like a receipt mailed to you?
 Yes No

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. SCC is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. southeast.edu/diversity
* The U.S. Department of Education's Office for Civil Rights enforces Title IX's prohibition on discrimination on the basis of sex to also include discrimination based on gender identity.

| | |
|--------------------------|-----|
| SCC Staff Tuition Waiver | () |
| TOTAL DUE | |

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| ID# | _____ |
| DE | _____ |



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