

PLEASE PRINT CLEARLY

✓CHECK ONE:

Legal Name: Last		First		Middle		SSC ID Number	
Former Name:		Email Address: (required for students on class waitlists)				Social Security Number	
Local / Preferred Mailing Address:		City		State		Zip	
Permanent Address:		City		State		Zip	
Birth Date: / /		I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (select one or more): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Cell Phone:		Home Phone:		Business Phone:		Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident of Nebraska <input type="checkbox"/> Yes <input type="checkbox"/> Non-Resident		High School Attended /GED*:		City		State	
		Start Date (mo/year)		Graduation Date (mo/year)			
College Attended Post High School:		City		State		Start Date (mo/year)	
		End Date (mo/year)					

- Beatrice Campus • Fax 402-228-8935
- Lincoln Campus • Fax 402-437-2670
- Milford Campus • Fax 402-761-2324

TERM

Year: 20 _____

Fall Spring Summer

Yes, I am Declared (list program of study)

NEWSPAPER RELEASE

Hometown Newspaper: _____

Address: _____

CREDIT COURSES

Course Number												Course Title	Credit Hours	Begin Time	End Time	Room	Days	LAST DAY to Drop With Refund
E	N	G	L	1	1	2	0	L	N	8	1	ENGLISH BASICS (sample only)	3	8 a.m.	9:20	T-5	T / R	←

Day designations when class meets are:
M = Monday, T = Tuesday,
W = Wednesday
R = Thursday, F = Friday
S = Saturday, U = Sunday
(T R means class meets Tuesday AND Thursday)

OFFICE USE ONLY

Data Entry _____

Date _____

Completed form should be submitted to the Registration & Records Office in person or by FAX.
To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload link.

TOTAL CREDIT HOURS

Student Signature _____ **Date** _____ **Program Chair/Advisor Signature** _____

- Submission of this form indicates that I understand:**
1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed;
 2. To drop or withdraw from classes, I must submit an 'Official Drop/Add Form for Credit Classes' in writing to the Registration Office located in Enrollment Management or drop the classes using Self Service Student Planning. Failure to attend a course does not constitute an official drop;
 3. I understand tuition charges and refund policies are published in the [College Catalog](#);
 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 [College Catalog](#).

Southeast Community College 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.
*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.

La política publica de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo*, edad, estado civil, origen nacional, etnia, condición de veterano, orientación sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio.
*La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumplir la prohibición del Título IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género.