

CVI REGISTRATION FORM

To access class information, go to <http://cbi.southcentral.edu/enroll>

A Division of South Central College

1225 Third Street SW | Faribault, MN 55021
 Local: 507-331-4290 | Toll Free: 800-422-0391
 Fax: 507-625-4868 | TTY:507-332-5866

PLEASE PRINT

1920 Lee Boulevard | North Mankato, MN 56003
 Local: 507-389-7203 | Toll Free: 800-722-9359
 Fax: 507-625-4868 | TTY:507-389-7200

Student Name _____
 Last _____ First _____ Middle Initial _____

Home Address _____ **City, State, Zip** _____

Home Phone (_____) _____ **Email** _____

Social Security Number _____ Male Female **Birth Date** _____ / _____ / _____

Employer Name _____ **Employer Phone** (_____) _____

Employer Physical Address _____

Employer Mailing Address _____

Employer County _____ **Inspector #** _____

REFUND POLICY (applies to all registrations) – A full refund or a transfer will be given to any student/company canceling or transferring their registration no less than 3 business days prior to the class start date. Student and/or companies will incur all charges, with no refund, if the student/company does not cancel or transfer their registration no less than 3 business days prior to the first class date. There are some class exceptions, please visit our website <https://southcentral.edu/Workforce/info-policies> to view the full policy.

I have read and understand the CBI refund policy _____ .
 Initial Here _____

Browse our course offerings at <http://cbi.southcentral.edu/enroll>.

PROCESSED BY: Initials _____ Date _____

Course Title	Class Date(s)	Time	Cost
Commercial Vehicle Inspection Recertification			

If you need a disability accommodation to access courses, contact the Academic Support Center at 507-389-7339

METHOD OF PAYMENT Payable in the SCC Bookstore. For payment policies, please refer to our website at cbi.southcentral.edu click on "Register" and then "Info & Policies".

CHECK (make payable to South Central College)

CASH

COMPANY (Please be sure to complete all requested information below)

Company/Agency Name _____ **PO#** _____

Company/Agency Address _____ **Work Phone** _____

Authorized Company/Agency Representative _____

Representative's Email _____

For online registration with credit card payment please go to <http://cbi.southcentral.edu/enroll>

Student Signature _____ **Date** _____

CONFIDENTIAL INFORMATION

South Central College is asking you to provide private information in order to process your registration form. This information will be used to update your academic record. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in this information. Under certain circumstances, federal and state laws authorize release of private information without your consent; to other schools in which you seek or intend to enroll, or are enrolled; to federal, state, or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law.



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 a member of the Minnesota State system

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