

Non-Degree Seeking Student Registration Form



**South Central
COLLEGE**

SUBMIT COMPLETED FORM TO:
registrar@southcentral.edu

For date open registration begins, go to
www.southcentral.edu/registration

1920 Lee Boulevard | North Mankato, MN 56003
Local: 507-389-7200 | Toll Free: 800-722-9359 | Fax: 507 389-9152

TERM <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer YEAR _____	FOR OFFICE USE ONLY Student ID # _____	PROCESSED BY Initials _____ Date _____
First Name _____ Last Name _____ Middle Initial _____		
Birth Date _____ Social Security Number _____		
Home Phone _____ Cell Phone _____		
Email Address _____		
Home Address _____		
City _____ State _____ Zip Code _____		

Are you a high school graduate? Yes No Year of high school graduation _____

From which high school did you graduate? _____

IF NO, do you have a GED? Yes No Year GED received _____

GENDER Female Male Prefer to self-describe _____ Prefer not to say

ETHNIC ORIGIN Non-Resident Alien American Indian or Alaskan Native Hispanic or Latino
 Black, Non-Hispanic Asian or Pacific Islander White, Non-Hispanic

COURSE ID # <small>(6-digits, Required)</small>	Subj/Course #	Section	Credits	Course Title	Time	Class Dates	Cost

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. Registration and tuition policies apply (southcentral.edu/registration and southcentral.edu/tuition).

CHECK (make payable to South Central College)

CREDIT CARD VISA Mastercard Discover American Express (Mankato Only)

Credit Card # _____ CID # _____
THREE OR FOUR DIGIT CODE ON THE BACK OF YOUR CREDIT CARD

Expiration Date ____/____/____ Signature _____

COMPANY
 Company/Agency Name _____ Work Phone _____
 Company/Agency Address _____

I authorize that the above named Company/Agency will be responsible for: Tuition/Fees Books Other _____

Authorized Company/Agency Signature _____

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AN AUTHORIZED SIGNATURE

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.



MINNESOTA STATE

South Central College,
a member of the Minnesota State system

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.