EMS Non-Degree Seeking Student Registration Form

South Central COLLEGE

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

PLEASE PRINT

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

FOR OFFICE USE ONLY **PROCESSED BY**
Student ID # _____ **Initials** _____ **Date** _____

TERM ☐ **Fall** ☐ **Spring** ☐ **Summer** **YEAR** _____

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 # (6-digits, Reguired)	**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 ___ ___ / ___ ___ Siganature _____

☐ **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.

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