

**★REQUIRED INFORMATION**

**Faribault Campus**  
 1225 Third Street SW  
 Faribault, MN 55021  
 (507) 331-4290 • 1-800-422-0391  
 FAX (507) 625-4868 • TTY (507) 332-5866

**South Central College**  
**CENTER FOR BUSINESS AND INDUSTRY**  
**REGISTRATION FORM**

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

**North Mankato Campus**  
 1920 Lee Boulevard  
 North Mankato, MN 56003  
 (507) 389-7203 • 1-800-722-9359  
 FAX (507) 625-4868 • TTY (507) 389-7200

**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.

**PAYMENT REQUIRED AT TIME OF REGISTRATION**  
 (does not qualify for financial aid)

**PLEASE PRINT**

**FOR OFFICE USE ONLY:**  
 Student ID#

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

\*Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male  Female  \*Date of Birth: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer – 5 or less employees? Yes  No

Work Email: \_\_\_\_\_ Certification #: \_\_\_\_\_

**Ethnic Origin:**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Caucasian  
 Hispanic or Latino

**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 <http://www.southcentral.edu/cbi-registration> to view the full policy.

I have read and understand the CBI refund policy \_\_\_\_\_  
 Please Initial \_\_\_\_\_

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

6-digit Course ID# (Required)	Subj/Course	Credits/Hours	Course Title	Time	Class Dates	Cost

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

Processed by...	
Date	
Initials	

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**METHOD OF PAYMENT** (Payable in Bookstore. For payment policies, please refer to our website at [cbi.southcentral.edu](http://cbi.southcentral.edu) click on **The Center** and then **Info & Policies**.)

- Check (Make payable to South Central College.)  
 Cash  
 Company Billing (Please be sure to complete all requested information below.)

Company Name: \_\_\_\_\_ PO#: \_\_\_\_\_

Phone: \_\_\_\_\_ Company Address: \_\_\_\_\_

Authorized Company Representative: \_\_\_\_\_

Representative’s Email: \_\_\_\_\_

For Online Registration with Credit Card Payment or Request for Company Billing (3rd-Party Pay), please go to <http://cbi.southcentral.edu/enroll>.