

Faribault Campus
1225 Third Street SW
Faribault, MN 55021
(507) 332-5800 • 1-800-422-0391
FAX (507) 332-5888 • TTY (507) 332-5866

South Central College
NON-DEGREE SEEKING STUDENT
REGISTRATION FORM
(For date open registration begins, go to www.southcentral.edu)

North Mankato Campus
1920 Lee Boulevard
North Mankato, MN 56003
(507) 389-7200 • 1-800-722-9359
FAX (507) 389-7419 • 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 (press firmly)

FOR OFFICE USE ONLY:

Student ID# _____

Term: Fall Spring Summer Year: _____

Name: _____
Last First M.I.

Address: _____ Home Phone: (____) _____

City, State, Zip: _____ Social Security Number: _____

Email Address: _____

Employer Name: _____ Work Phone: (____) _____

Are you a resident of the State of Minnesota? Yes No If yes, how long? _____ years _____ months

If no, what state are you a resident of? _____ County of Residence _____

Are you a U.S. Citizen? Yes No

If not, type of VISA _____ (You must provide copy of your VISA, status, city of birth, and county of citizenship.)

Permanent Resident? Refugee Resident Alien Other _____

(You must provide copy of your I-94 or green card, city of birth, and county of citizenship.)

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 _____
Date of Birth _____/_____/_____ Male Female Single Parent Displaced Homemaker
Ethnic Origin:
1. _____ Non-resident Alien 3. _____ American Indian or Alaskan Native 5. _____ Hispanic
2. _____ Black, Non-Hispanic 4. _____ Asian or Pacific Islander 6. _____ White, Non-Hispanic

6-digit Course ID# (Required)	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 Bookstore. Registration and tuition policies apply. Refer to college catalog or SCC web site.)

_____ Check (Make payable to South Central College)

_____ Cash

_____ Credit Card VISA Mastercard

_____ Facts Plan (sign-up online at www.southcentral.edu/facts)

_____ Verified Consortium Agreement

Discover American Express
(Mankato Only)

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CID # _____
Three or four digit code on the signature strip of your credit card

Exp. date: _____

Date: _____

Signature of Cardholder: _____

COMPANY BILLING (please be sure to complete pertinent information)

P.O.#: _____

Company/Agency Name: _____

Work Phone: (____) _____

Company/Agency Address: _____

I AUTHORIZE THAT THE ABOVE NAMED COMPANY/AGENCY WILL BE RESPONSIBLE FOR:

Please check all that apply: tuition/fees books other

Authorized Company/Agency Signature: _____

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AN AUTHORIZED SIGNATURE.

Processed by:...		
	Date	Initials

Student Signature: _____ Date: _____