

*REQUIRED INFORMATION FOR ALL MSHA REGISTRATIONS

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)

Term: Fall Spring Summer

PLEASE PRINT

Year: _____

FOR OFFICE USE ONLY:
Student ID# _____

*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: _____

*Is company/employer engaged in actual mining activities (altering mineral resources)? Yes No

*If yes, what industry segment do you/they serve? Coal Metal/Non-Metal

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 Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? Yes No

Racial background (select one or more)

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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

Course ID# 6-digit	Subject/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.

Student Signature: _____ **Date:** _____

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

_____ Check (Make payable to South Central College.)

_____ 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>.**