

Location: _____

Term: _____

		Home Phone Number	Cell Phone Number		
Home/Mailing Address (PO Box/Street)			City	State	Zip Code
High School Attending:		Year of high school graduation	Early College Staff only: Career Pathway		

Date of Birth: Month ____ Day ____ Year ____

Ethnicity:

Gender: Male Female

Race:

Students must abide by all college rules and regulations. A copy of the CCC Student Policies and Procedures may be found at www.cccneb.edu/StudentPoliciesandProcedures.

Course Enrollment

Subject (Alpha)	Course Number	Section Number	Course Title	Credits	Grade Option	Days (Please circle)	Time	
							From	To
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		

Total Credits _____

We (student and parent/guardian) have read and understand the conditions of this form. We understand that by signing this form, we are responsible for all tuition and related fees unless the student officially drops the course(s) or withdraws from Central Community College by the established deadlines.

Payment Options	
Current Tuition and fees	
X # of credits	

As the student, I allow Central Community College to release information relative to my academic progress to my high school and to my parents/guardians. I also allow release of my standardized test scores to Central Community College.

Student Signature _____ Date _____