

## Application/Registration

For Non-Credit/Avocational Courses

Term: Location:		Student ID	
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## Section A: Student Information

Last Name	First Legal Name				MI	Maiden/Former Last Name Used				
Home/Mailing Address (PO Box/Street)			City					State	Zip	
Social Security Number Date of Birth			Home Phone Email Addres			lress				
	Month	Day	Year		(	)				
Employer Address						Work Phone	Work Phone			
									( )	

## Section B: Course Enrollment

Subject	Course #	Section	Course Title	Start/End Date	Day(s) of the week	Start/End Times	Contact Hours

Student Signature

Date

## Section C: Billing Information

(For Office Use Only)					
Total # of Contact hours:		Amount Charged			
Payment Method:					
Check Cash Visa/MasterCash	rd/Discover DEmployer Other	Tuition			
Check #	Card #	Fees:			
	Exp. Date	Books:			
If applicable, special account # to be charged:		Supplies:			
Received by:		TOTAL \$			

Central Community College (CCC) does not discriminate on the basis of race, color, ethnicity, religion, sex, age, marital status, national origin, veteran status, sexual orientation, disability, or other factors prohibited by law, in matters of employment, admissions, financial aid, or other activities and opportunities as set forth in compliance with federal and state statutes and regulations.

Any person having inquiries concerning Central Community College compliance with Title II, Title IV, Title VI, Title IX, the Age Discrimination Act, and/or Section 504 should contact: Vice President of Human Resources, 3134 W Highway 34, PO Box 4903, Grand Island NE 68802-4903, 308-398-7325, cwaddle@cccneb.edu.

Persons seeking further information concerning career and technical education offerings at Central Community College and any specific pre-requisite criteria for the various programs of study should contact: Marketing and Public Relations Director, 3134 W Highway 34, PO Box 4903, Grand Island NE 68802-4903, 308-398-4222, jstrayer@cccneb.edu .

To obtain this information in a language other than English or in an alternative format email jstrayer@cccneb.edu or call 308-398-7355.