

REGISTRATION FORM CREDIT COURSES

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|------------------------------------|---|-------------------------------|--|---|
| Legal Name: Last | | First | Middle | SCC ID Number |
| Local / Preferred Mailing Address: | | City | State | Zip |
| County | | | | |
| Birth Date: / / | Sex assigned at birth: (federal reporting requirement) | | | |
| | | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Cell Phone: | Home Phone: | Business Phone: | Veteran or Dependent Utilizing Military Bene ts | <input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident |

CREDIT COURSES

| Course Number | Course Title | Credit Hours | Begin Time | End Time |
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TOTAL CREDIT HOURS