

SCC ID# _____ SU _____
 _____ FA _____
 _____ SP _____

Shawnee Community College Enrollment Form

_____-_____-_____
 Social Security Number Last Name First Name Middle Initial Maiden

 Street Address City State Zip Residing County

E-mail Address: _____

Will you turn 60 years old during this semester?
 Yes No Initial _____

Home Phone No. (____) _____ Work Phone No. (____) _____
 Date of Birth ____/____/____ High School or GED Grad Year _____

Has your personal information changed since last semester?
 Yes No

Course Prefix	Course No.	Section No.	Credit Hrs	Begin Time	M	T	W	TH	F	S	Instructor	Location

TOTAL HOURS _____

◆ **Student Objective:** One or more courses Certificate Associate Degree

◆ **Student Intent:** Transfer Future Job Improve Current Job Skills
 Prepare for the GED Personal Interest Other/Unknown

Enter Degree Number/
 Title & Concentration (See reverse side)

Special Needs
 Students with documented disabilities may receive information about support services and accommodations at the Special Needs Office by calling extension 3228.
Check the following services in which you are interested:
Services for: Learning Disability Visual Impairment Speech Impairment Hearing Impairment
 Psychological Impairment Mobility/Physical Impairment Other documented disabilities

Student Signature _____ **Date** _____

Advisor/Instructor Signature _____ **Date** _____

Transfer Degrees

AA 0090-Associate of Arts-01 AS 0091-Associate of Science-02 GSD 0080-Associate of General Studies-04

Areas of Study: Agriculture	Computer Sciences	Geology	Kinesiology	Political Science	Pre-Veterinary
Animal Science	Criminal Justice	Health Care Mgt.	Linguistics	Pre-Dentistry	Psychology
Anthropology	Dental Hygiene	Health Ed.	Math	Pre-Law	Radio, TV & Media
Architecture	Early Childhood Ed.	History	Microbiology	Pre-Medicine	Radiological Sciences
Art	Elementary Ed.	Horticulture	Mortuary Science	Pre-Nursing	Rehab Service
Aviation	Engineering	Hospitality/Tourism	Music	Pre-Occ. Therapy	Social Work
Biology	English	Human Nutrition	Paralegal Studies	Pre-Optometry	Sociology
Business	Foreign Language	Industrial Tech.	Philosophy	Pre-Pharmacy	Special Ed.

Associate of Applied Science

ACC 2211-Accounting	ECE 2110-Early Childhood Education
AGR 2215-Agriculture Business & Mgt.	HAC 2236-Heating/Ventilation/AC/Refrigeration
AGR 2216-Fish & Wildlife Mgt.	HIT 2202-Health Information Technology
AUT 2256-Automotive Technology	IMS 2209-Information Processing Technology
BUS 2210-Business Management	MLT 2204-Medical Laboratory Technologist
CJ 2120-Criminal Justice	OTA 2237-Occupational Therapy Assistant
COM 2181-Helpdesk/PC Technician/Networking	RN 2227-Associate Degree Nursing
COM 2191-Multimedia	SEC 2207-Administrative Assistant
COM 2221-Computer Systems Specialist	SST 2201-Social Work

One Year Certificate

APP 2164 Major Appliance Technology	MRS 2102 Medical Office Assistant
AUT 2158 Automotive Technician Assistant	MTP 2141 Massage Therapy
CJ 2119 Criminal Justice	ORT 5199 Surgical Technology
COM 2121 Computer Systems Generalist	PN 2127 Practical Nursing
COS 2139 Cosmetology	SEC 2104 Medical Transcription
HIT 2224 Medical Coding Specialist	SEC 2107 Office Assistant
IMT 2229 Industrial Maintenance Technician	WEL 2147 Combination Welding
IMS 2108 Information Processing	

Less Than One Year Certificate

AGR 2184 Ag Mechanics	HIT 2174 Medical Coder
AUT 2106 Auto Body	HIT 2175 Medical Transcriptionist
AUT 2186 Automotive Maintenance & Light Repair	HIT 2176 Medical Biller
CAD 2188 Computer Aided Drafting	PN 2126 Certified Nurse Assistant
COM 2182 Internet & Computing Core Prep	SUR 2187 Surveying
COM 2183 Microsoft Office Specialist Prep	TDR 2100 Truck Driving
COM 2251 Introduction to Cyber Security	WEL 2192 Arc Welding
COS 2169 Cosmetology Instructor Training	WEL 2193 Gas Welding
DSP 2123 Direct Support Provider	WEL 2194 TIG Welding
ELT 2161 Basic Residential Electricity	WEL 2195 Pipe Welding
HAC 2233 Basic Heating & Air Conditioning	WEL 2195 Pipe Welding

Shawnee Community College recognizes and adopts as policy those regulations as set forth in Public Act 099-0278: Student Optional Disclosure of Private Mental Health Act.

Therefore, I _____, ID# _____, **authorize** or **decline to authorize** Shawnee Community College to disclose private mental health information to:

_____ / _____ / _____ / _____
 Contact Person Address Phone Number Email

Signature: _____ Date: _____