

Enrollment Form

SU _____ FA ____ SP ____ _____ ID Number_____ Name _____City_____ State_____ Zip____ Mailing Address E-mail Address: Date of Birth _____/____ Primary Phone: (_____) ____ Degree: Time **Course Prefix Course Number Course Section** Credit Mon Tue Wed Thur Fri Hrs. TOTAL HOURS _____ Comments/Recommendations: **Important Information:** ⇒ Submit official high school transcript/GED ⇒ Payment plans can be set up through Nelnet ⇒ If receiving scholarship/financial aid, see Financial Aid Submit graduation application 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 _______, authorize or decline to authorize Shawnee Community College to disclose private mental health information to: Therefore, I Contact person: Email: Phone: Date: Signature:

Student Signature _____ Date _____

Advisor Signature _____ Date _____