SCC ID# _____ SU _____
FA _____
SP _____

# Shawnee Community College Enrollment Form

## Please Use Blue or Black Ink

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

_____ _____
Street Address City State Zip Residing County

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

E-mail Address: _____

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 |
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**TOTAL HOURS** _____

**Enter the Degree Number and Title:**
(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

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

**Student Signature** _____ **Date** _____

**Advisor/Instructor Signature** _____ **Date**_____