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

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

TOTAL HOURS _____

Enter the Degree Number and Title:
(See Reverse Side) _____

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

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**_____