SCC ID#_	SU
	FA
	SP

Shawnee Community College Enrollment Form

Social Security Number					Last Name				First Name				Middle Initial				Maiden
Street Address					City				State	7	Zip		R	esidi	ing C		
E-mail Address:										1				turn 60 years old during this semester No Initial			
Home Phone No. () Date of Birth//					Work Phone No. (ch	Has your personal information changed since last semester? ☐ Yes ☐ No			
Course Course Prefix No.				e Sectio No.			Credit Hrs	Begin Time	M	Т	W	тн	F	S	Instructor	Location	
TOTAL HOURS Enter Degree Number/ Student Objective: One or more courses																	
Special Needs Students with documented disabilities may receive information about support services and accommodations at the Special Needs Office by calling extension 3226. Check the following services in which you are interested: Services for: □Learning Disability □ Visual Impairment □ Speech Impairment □ Hearing Impairment □ Other documented disabilities																	
Student Signature Date																	
Advisor/Instructor Signature Date																	