Enrollment Form

SU _____ FA _____ SP _____

Name_____ ID Number_____

Mailing Address_____City_____ State_____ Zip_____

E-mail Address: _____ Date of Birth _____/_____/_____

Primary Phone: (_____) _____ Degree:_____

Course Prefix	Course Number	Course Section	Credit Hrs.	Time	Mon	Tue	Wed	Thur	Fri

TOTAL HOURS _____

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

Comments/Recommendations:

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:_____ Email:_____ Phone:_____

Signature:_____ Date:_____

Student Signature _____ **Date** _____

Advisor Signature _____ **Date**_____