



Application/Registration
***For Non-Credit Courses**

Term: _____
 Student ID: _____
 Location: _____

Section A: Student Information

Last Name: _____ First Name: _____ MI: _____
 Maiden/Former Last Name: _____ Home Phone: _____
 Soc. Sec. #: _____ Date of Birth: _____ County of Permanent Residence: _____
 Home Address: _____ City: _____
 State: _____ Zip: _____ Email Address: _____
 Employer Information: Name: _____ Address: _____ Phone: _____

You only need to fill in the Course title in the Course Enrollment Section. Staff will fill in the remainder.

Section B: Course Enrollment

Catalog #	Section #	Course Title	M	T	W	R	F	S	Su	Start/End Times	Contact Hours

Section C: Billing Information

(For Office Use Only)

Total # of Contact hours: _____ **Amount Charged**

Payment Method: Check Cash Visa/MasterCard/Discover Employer Other

Check # _____ Card # _____
 Exp. Date _____

If applicable, special account # to be charged: _____

Received by: _____

Tuition \$ _____
 Fees _____
 Books _____
 Supplies _____

 TOTAL \$ _____

Please mail this form back to Central Community College, Attn: Doug Pauley, P.O. Box 1027, Columbus, NE 68602-1027
 OR
 Fax this form to Attn: Doug Pauley at (402) 562-1456