College Credit Program Registration Form

Name: _____
(Last) (First - Legal) (Middle Name) (Nickname)

Address Information

_____
(Street) (City) (St) (Zip)

Phone Number: (_____) _____ - _____

High School

_____ Ashwaubenon	_____ Green Bay East	_____ Lourdes	_____ Pulaski
_____ East De Pere	_____ Green Bay Preble	_____ Notre Dame	_____ Seymour
_____ Elkhart Lake	_____ Green Bay Southwest	_____ Oconto Falls	_____ St. Thomas Aquinas Academy
_____ Gillett	_____ Green Bay West	_____ Plymouth	_____ West De Pere
			_____ Xavier

Previous SNC Enrollment: Have you ever taken a course through SNC before ? ____ No ____Yes

|__|__|__| - |__|__| - |__|__|__|__| Social Security Number

Date of Birth: _____ - _____ - _____ (Month) (Day) (Year)

The following information is used by SNC for federal reporting purposes and is required for registration.

Indicate Sex: ____ Male ____ Female

Indicate Ethnicity: ____ Not Hispanic or Latino ____ Hispanic or Latino

Indicate Race(s): (check one or multiple boxes)
____ American Indian ____ Asian _____Black or African American
____ Hawaiian/Pacific Islander ____ White

Check the course(s) you will be taking:

❑CSCI100 ❑ENGL101 ❑ENGL150 ❑HIST116 ❑LEAD100 ❑MATH115 ❑MATH 131 ❑MATH132

ALL OF THE ABOVE INFORMATION IS REQUIRED BEFORE REGISTRATION CAN BE PROCESSED

Office Use Only

|__|__|__|__| CRN |__|__|__|__| CRN |__|__|__|__| CRN |__|__|__|__| CRN |__|__|__|__| CRN |__|__|__|__| CRN |__|__|__|__| CRN

SNCIDN: |_0_|_0_|_0_|__|__|__|__|__|__|

_____ UG-C-O-NC-ND _____ ADV _____ RNSC