

## Non-Degree Seeking Student Registration Form

**Failure to answer the following information may result in a significant delay in processing your registration form.**

Please print

**Term:** \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_ **Campus:** \_\_\_ Alliance \_\_\_ Scottsbluff \_\_\_ Sidney

\_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last Name First Name Mi

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address City St Zip Date of Birth

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email address Phone Number Social Security Number

\_\_\_\_\_ Emergency Contact person \_\_\_\_\_ Emergency Contact Phone Number

Colleges are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the ethnic/racial backgrounds of our students and employees. In order to respond to these requests, please answer the following two questions:

Western Nebraska Community College requests your Social Security Number (SSN) because federal, state & local law require the College to report the name, address, and SSN for certain purposes. WNCC will not disclose your SSN without your consent unless it is required to do so by law.

**Ethnicity:** Do you consider yourself to be Hispanic/Latino? \_\_\_ Yes \_\_\_ No

**Race:** In addition, please select one or more of the following racial categories to describe yourself:  
 \_\_\_ American Indian or Alaskan Native \_\_\_ Black or African American \_\_\_ White  
 \_\_\_ Asian \_\_\_ Native Hawaiian or other Pacific Islander

**Residency Status:** \_\_\_ Nebraska resident \_\_\_ Out-of-State \_\_\_ Border State (CO, SD, WY) \_\_\_ Non-Resident Alien

**Name of High School or GED program:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

Call #	Section	Title	Credit	Time	Days	Audit	Instructor

Students must complete and sign a drop form if, for any reason they can no longer attend classes. The drop form must be signed by the instructor after the no penalty drop/add period, and before the last day to withdraw from class. Consult the WNCC catalog or website regarding refund policies.

**Student Type – select one**

- Non-degree seeking student:** to enroll in coursework to transfer to another college or for personal enrichment; continue to page 2
- Career Academy:** to earn college credit while enrolled in high school; complete the Career Academy section; continue to page 2
- Early College/CollegeNOW!:** to earn college credit while enrolled in high school; complete the Early College/CollegeNOW! section page 2
- Allied Health:** to earn a certificate in Basic Nursing Assistant, Medication Assistant or Phlebotomy; complete Allied Health section page 2
- Pine Ridge Job Corps:** continue to page 2
- Senior Citizen with Gold Card:** please see Student Services Office for additional registration information; continue on page 2

**Allied Health – select one**

\_\_\_\_ Basic Nursing Assistant                      \_\_\_\_ Medication Assistant                      \_\_\_\_ Phlebotomy

I agree that I am fully responsible for charges incurred as a result of this registration, unless tuition and fees are paid by a sponsorship. Tuition payment for the Allied Health programs is due at the time of registration.

**Early College/CollegeNOW! or Career Academy (Dual Credit / Concurrent) Students must be entering their junior or senior year.**

For exceptions, please contact the Vice President of Student Services at 308 635 6104.

I authorize my high school to release all necessary information to WNCC for the purposes of completing my registration. To the best of my knowledge, the information given on this form is true and correct. I, hereby, agree to conform to all regulations and tuition and fee obligations associated with my enrollment in the above course(s).

I understand that I am responsible for adhering to all published WNCC deadlines. I also understand that all grades earned at WNCC become a part of my permanent academic record. I acknowledge that after I receive notification that my registration form has been processed, all official communications from WNCC will be henceforth to my WNCC email account.

Unless tuition and fees are paid by this student’s high school, I (parent/legal guardian) agree that I am fully responsible for charges incurred as a result of this registration.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Counselor/Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclosures**

- I understand:
  - I am responsible for all charges incurred once I am registered in classes at Western Nebraska Community College, unless your tuition is being paid by a sponsorship.
  - I am not eligible for federal financial aid for this class or classes.
  - I am not assigned an academic advisor.
  - I am responsible for making changes to my schedule in accordance with the WNCC add/drop/withdrawal and refund policies.
  - As a WNCC student I am eligible to access tutoring programs.
  - If in the future I wish to pursue a degree at WNCC, I must complete the admissions process.

**Payment**

Once registration is processed, your tuition & fees bill will be mailed to you. You can pay your bill over the telephone or online ([www.wncc.edu/cost-aid/make-payment](http://www.wncc.edu/cost-aid/make-payment)) or set up a NelNet payment plan ([www.mycollegepaymentplan.com/wncc](http://www.mycollegepaymentplan.com/wncc)) or pay in person at any of our three campuses. Tuition payment is due by the first day of class. Please contact the Business Office at 308 635 6020 if you have questions about your bill and/or the NelNet payment plan program.

**Student Authorization**

I understand that I am responsible for my own enrollment and for adhering to all published WNCC deadlines. I also understand that all grades earned at WNCC become a part of my permanent academic record. I acknowledge that after I receive notification that my registration form has been processed, all official communications from WNCC will henceforth be sent to my WNCC email account.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Send or fax to WNCC:</b>	Alliance Campus 1750 Sweetwater Ave Alliance NE 69301 308 763 2000 (phone) 308 763 2012 (fax)	Scottsbluff Campus 1607 E 27 <sup>th</sup> St Scottsbluff NE 69361 308 635 6010 (phone) 308 635 6732 (fax)	Sidney Campus 371 College Dr Sidney NE 69162 308 254 5450 (phone) 308 254 7444 (fax)
	<b>Or email:</b> registration@wncc.edu		