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

__________________________   ___________________   ___________________   ____________________
Last Name   First Name   Mi

__________________________   ___________________   ____________________
Mailing Address   City   St   Zip   Date of Birth

__________________________   ___________________
Email address   Phone Number

Male __   Female __

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

☐ 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 Corp: 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!  (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 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:
  o 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.
  o I am not eligible for federal financial aid for this class or classes.
  o I am not assigned an academic advisor.
  o I am responsible for making changes to my schedule in accordance with the WNCC add/drop/withdrawal and refund policies.
  o As a WNCC student I am eligible to access tutoring programs.
  o 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) or set up a NelNet payment plan (www.mycolleagepaymentplan.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: ____________________

Send or fax to WNCC:
Alliance Campus  Scottsbluff Campus  Sidney Campus
1750 Sweetwater Ave  1607 E 27th St  371 College Dr
Alliance NE 69301  Scottsbluff NE 69361  Sidney NE 69162
308 763 2000 (phone)  308 635 6010 (phone)  308 254 5450 (phone)
308 763 2012 (fax)  308 635 6732 (fax)  308 254 7444 (fax)

Or email: registration@wncc.edu

FOR OFFICE ONLY: registration date completed by cohort Y N employee/dependent