



Location: \_\_\_\_\_

CCC Student ID # \_\_\_\_\_

Term: \_\_\_\_\_

# Early College Registration

**Step 1:** If you have not completed your online profile, go to [www.cccneb.edu/createaccount](http://www.cccneb.edu/createaccount)

**Step 2:** Attach ACT or NWEA MAP Student Progress Report if scores are needed for pre-requisite

**Step 3:** Complete form below, including Parent/Guardian signature

**Please print using black ink**

Full Legal Last Name		Legal First Name		MI	Preferred Email	
Social Security Number		Home Phone Number		Cell Phone Number		
Home/Mailing Address (PO Box/Street)				City		State Zip Code
High School Attending:		Year of high school graduation:		Early College Staff only: Career Pathway		
Date of Birth: Month ___ Day ___ Year ___		Ethnicity: Hispanic or Latino		Not Hispanic or Latino		
Gender: Male Female		Race: Am Indian/Alaskan Native		Asian		Black or African American
		Native Hawaiian/or Other Pacific Islander		White		

**First-time Early College Students**  
 The Central Community College Early College program provides opportunity for currently enrolled high school students to enroll in college credit classes. In order to do this, the student must meet the pre-requisite requirement by equivalent college-level worked provided on a transcript or demonstration of meeting pre-requisite through assessment measures.  
 Students must abide by all college rules and regulations. A copy of the CCC Student Policies and Procedures may be found at [www.cccneb.edu/StudentPoliciesandProcedures](http://www.cccneb.edu/StudentPoliciesandProcedures).

## Course Enrollment

Subject (Alpha)	Course Number	Section Number	Course Title	Credits	Grade Option	Days (Please circle)	Time	
							From	To
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		
						M T W T F S S		

**Total Credits** \_\_\_\_\_

We (student and parent/guardian) have read and understand the conditions of this form. We understand that by signing this form, we are responsible for all tuition and related fees unless the student officially drops the course(s) or withdraws from Central Community College by the established deadlines.

As the student, I allow Central Community College to release information relative to my academic progress to my high school and to my parents/guardians. I also allow release of my standardized test scores to Central Community College.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: Signature _____ Date _____
Printed Name _____
Phone Number _____
E-mail address _____

Payment Options	
Current Tuition and fees	
X # of credits	
Total	
Paid by:	ACE Scholarship Check# _____ Cash Credit Card-Please call 402-562-1226 to make a credit card payment Bill Me School District _____ number of credits
	School District Signature required: