



CCC Student ID # _____

Location: _____

Term: _____

Early College Registration

Step 1: If you have not completed your online profile, go to www.ccnecb.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 Race: Am Indian/Alaskan Native Asian Black or African American Native Hawaiian/or Other Pacific Islander White			
Gender: Male Female					

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.ccnecb.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:	<input type="checkbox"/> ACE Scholarship <input type="checkbox"/> Check# _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card-Please call 402-562-1226 to make a credit card payment <input type="checkbox"/> Bill Me <input type="checkbox"/> School District _____ number of credits School District Signature required: _____