

CCC Student ID # _____

Term _____

Priority _____



Early College Registration

Step 1: If you have not been accepted into the Early College program, go to www.cccneb.edu/apply

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

Step 3: Complete form below

Please print using black ink

Full Legal Last Name		Legal First Name	MI	Preferred Email	
Social Security Number		Home Phone Number		Cell Phone Number	
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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 opportunities for currently enrolled high school students to enroll in college credit classes. To qualify, the student must meet the pre-requisite requirement by equivalent college-level work 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.

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		

For Office Use Only			
ECC	APP	Hold	Scores/Waiver

Total Credits _____

By signing below, I confirm that the information provided is accurate. I understand that I am enrolling in college-level courses through Central Community College, agree to follow all college policies and procedures.

I understand that I am expected to notify my parent/guardian of my course registration.

Student
Signature _____ Date _____

Payment	
Current Tuition and fees	
X # of credits	
Total	
Paid by:	☐ Student/Parent/Guardian ☐ ACE Scholarship ☐ School District _____ number of credits