

PLEASE PRINT CLEARLY:

 Last Name of Student First Name Middle Name Social Security Number (SSN) **OR**
At Minimum Last 4 Digits of SSN

 Mailing Address City State Zip Personal Email Phone Number

 Birth Date Name of High School County of Residence Current Grade in School

Are you Hispanic or Latino? Yes Hispanic or Latino Not Hispanic or Latino Gender: Male Female

Are you from one or more of the following racial/ethnic groups? (Select all that apply)

Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Choose not to respond

Please identify your **primary** racial/ethnic group:

Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Choose not to respond

Are you a citizen of the United States?

Yes, citizen of the United States
 Not citizen of the United States Provide Home Country of Origin _____

Student Type 1st Time SIC Student Continuing (attended SIC before, including dual credit)

Transfer Plans

Planning to transfer to a university Not planning to transfer to a university

I understand that by signing this form I am registering for an SIC class. I certify that all the information I have provided on this form is complete and accurate to the best of my knowledge. I agree to abide by all the rules and regulations of Southeastern Illinois College.

 Signature of Student

 Date

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. A complete copy of SIC's FERPA policy is available in the TALON (student handbook), the college catalog, and on SIC's website at www.sic.edu under the Future Students, then Student Right to Know links. My signature below gives Southeastern Illinois College permission to release my education records and financial information to my parents and my high school for the purpose of facilitating my education. This release will remain in effect unless revoked in writing.

 Signature of Student

 Date

Student's Name: _____

Term of Enrollment: Fall 2023 Spring 2024 Summer 2024
(complete a separate form for each term)

COURSE REGISTRATION	
COURSE PREFIX and NUMBER <i>(i.e. ENG 121, MUS 128, WELD 111, etc.)</i>	CREDIT HOURS
COM 146	3
SERV 121	1
EDUC 280	1

SIC OFFICE USE ONLY:

Student's cumulative high school grade point average: _____ (4.0 scale)

SAT composite: _____ VERBAL _____ MATH _____

ACCUPLACER test scores: R _____ W _____ A _____ QAS _____ AAF _____

TYPE	DUAL CREDIT	DUAL ENROLLED
Baccalaureate		
CTE		
Early College		
Summer College Prep		