STATE OF NEBRASKA
TASK FORCE FOR BUILDING RENEWAL

REGISTRATION REQUEST / AUTHORIZATION FOR COMMUNITY COLLEGE COURSES

STUDENT INFO

Social Security Number : |_____| - |___| - |_____| Day Phone:( )_____Evening Phone:( )_____

NAME: (Last)_____ (First)_____ (Middle Initial)_____

Street Address_____ City_____ County_____

Zip_____State_____

Birth date Mo_____Day_____Year_____ Sex: M____ F____

RACE

_____White, Non Hispanic ____Black, Non Hispanic ____Hispanic ____American Indian _____Asian/Pacific Island _____Other

CHECK ONE:

____ New Student (First time credit enrollment) _____Attending now, or former student

Former student name, if different_____Last date attended_____
Be specific

COURSE INFO

Community College Name:_____City:_____

Term: _____Summer _____Fall _____Winter _____Spring 19_____

Dates of Course: Start_____End_____ Course Fee: $_____

Course Title: _____

Course Number: |___|___|___|___|___|___|___|___| Section: |___|___| Room:_____

Time of Day (Begin)_____(End)_____ Days: __M __T __W __Th __F __S __S

Student Signature:_____Date:_____

AUTHORIZATION

|__| I acknowledge that the course listed above is related to the job responsibilities of this employee.

Supervisors Name: (Please Print)_____

Supervisors Signature of Approval:_____Date:_____

Agency Name:_____ Division/Site:_____

STATE OF NEBRASKA 309 Task Force OFFICE USE ONLY	COMMUNITY COLLEGE USE ONLY
_____ TASK FORCE AUTHORIZATION FOR BILLING DATE Task Force for Building Renewal Executive Bldg, 521 S. 14th Street Lincoln, NE 68508-2707 (402) 471-3515 FAX: (402) 471-3262	