



South Suburban College

Non-Credit Admissions/Registration Form

Due to Illinois Community College Board (ICCB) regulations, all credit and non-credit students must complete an application.

Term: Spring _____ Summer _____ Fall _____

 Last First MI Date of Birth (M/D/YY)

 Address City State Zip

Phone _____ E-mail _____ **Social** _____ Sex: Male Female
REQUIRED FIELD

****Your social security number is required** in order for you to receive financial aid or a 1098T, as well as for the college's compliance with state and federal reporting requirements. Your SSN will be stored in a single secured location and will not be used for internal college business. *Failure to provide us with your correct TIN or social security number may result in a penalty imposed by the Internal Revenue Service.*

For Information on Optional Disclosure of Private Mental Health please visit your portal under Academic Profile.

Citizenship Status: US Citizen Permanent Resident (Attach a copy of permanent resident card, both sides)
 Undocumented/Deferred Action International Student

Citizenship Country If other Than US _____

1. The purpose of this request is solely for compliance with Federal Civil Rights Law and your response will not affect consideration of your application. By checking the following, you will help us to assure that students are served in a non-discriminatory manner. Ethnic /Ethnicity Are you Hispanic or Latino? Yes No

Please select one or more racial groups with whom you identify:

1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander 5. White

Please identify your primary racial/ethnic group. Select One

1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander
 5. White

2. My primary reason for attending South Suburban College at this time is: To improve skills for my present job. To prepare for future job. For personal interest/self-development, not career oriented.

3. Choose highest education level previously attained: Doctoral Degree 1st Professional Master's Degree Bachelor's Degree

Associate Degree Certificate Some College High School Diploma GED / HSE None

4. High School or County of GED/ HSE

 City State Date Graduated

5. Last attended college or university: College or University:

 City State Date Graduated

6. Parental education background: Mother: _____ Father: _____ A. Not a High School graduate B. High School Graduate C. Some College / Associate Degree D. Bachelor's Degree E. Higher U. Unknown

7. Please check all responses that apply: 1. A single parent or single pregnant person.

2. A person who has lost financial support due to death or divorce of spouse and not on public assistance. 3. Does not apply.

Course Number	Course Title	Dates/Times	Course Fee/Tuition
TQM E01 790	Women's Conference	3/15/19 7:30 am – 1:30 pm	\$49 thru Feb 22, 2019
TQM E01 791	Women's Conference	3/15/19 7:30 am – 1:30 pm	\$59 after Feb 22, 2019
TQM E01 792	Women's Conference	3/15/19 7:30 am – 1:30 pm	After 2-22-19, group rate of \$49 each for group of 3 or more

Signature: _____

Date: _____