

**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    1<sup>st</sup> 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](http://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 202\_1\_    Spring 202\_\_    Summer 202\_\_  
(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		