



Mid-Plains Community College High School Student Registration

PLEASE PRINT LEGIBLY

Online application must be completed first

Name	Office Use Only: Rec'd by _____ ID# _____
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Full Legal Name: _____
Legal Last Legal First Middle Birth Last Name Previous Last Names

E-mail Address: _____

Biography	<i>Required for federal reporting purposes.</i>
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Social Security # _____ - _____ - _____ **Date of Birth** ____ / ____ / ____ *Example: 05/05/2001*

Registration	
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***** ACT or Accuplacer test required before registering for ENGL, MATH, or READ classes. *****

<p style="text-align:center">COURSE NUMBER</p> <p>Example: ENGL 1010 NP 010 (all characters/numbers required)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align:right">TOTAL CREDITS</p>	<p># of</p> <p>CREDITS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I am registering for: _____</p> <p>HIGH SCHOOL NAME _____</p> <p>Check here if Online Class. <input type="checkbox"/></p> <p>Check here if Online Class. <input type="checkbox"/></p> <p>Check here if Online Class. <input type="checkbox"/></p> <p>Check here if Online Class. <input type="checkbox"/></p>
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If these credits are being used for dual/early entry (high school and college) credit, a Permission to Release Information to Third Party form is required.

Please Read, Initial & Sign	
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- _____ You are formally registering for class(es) with Mid-Plains Community College.
- _____ You must contact an Advisor at advising@mpcc.edu to drop any course(s) you decide not to attend.
- _____ Drop dates are published in each term's Schedule of Classes. You are financially responsible for all courses in which you are registered.
- _____ **Failing grades are awarded for courses in which you remain registered, but do not attend.**
- _____ If a sponsor is paying for your tuition and/or fees, you are responsible for making arrangements with Student Accounts. For billing information, call (308) 535-3677 or 1-800-658-4308, ext. 3677.
- _____ I certify that the above information is complete, true and accurate.
- _____ I agree to abide by the policies and regulations of MPCC. I understand that any information given falsely or withheld may make me ineligible for admission and/or registration.
- _____ I also agree to pay all tuition, fees, and charges.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*****All students must have parent signature*****

Parent Printed Name _____

Principal/Counselor Signature _____ Date _____

*****Summer registration does not require principal/counselor signature*****

ALL INFORMATION IS REQUIRED BEFORE REGISTRATION WILL BE ALLOWED

For Office Use Only:	Entered by _____	Date _____
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Mid-Plains Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Area Director of Human Resources, Mid-Plains Community College-North Campus, 1101 Halligan Dr., North Platte, NE 69101, 308 535-3676 or toll free 800 658-4308, Ext. 3676. Inquiries involving students should be directed to the MCC Dean of Student Life, 1205 E Third St, McCook, NE 69001, 308 345-8109, or toll free 800 658-4348, Ext. 8109 or NPCC Dean of Students 1101 Halligan Dr, North Platte, NE 69101, 308-535-3622, or 800-658-4308, Ext. 3622.

Mid-Plains Community College is committed to providing a discrimination-free environment for its students with disabilities. Students with learning or physical disabilities are encouraged to request assistance from Disability Services: North Campus, 308 535-3637 or 800-658-4308, Ext. 3637; South Campus, 308-535-3715 or 800-658-4308, Ext. 3715; McCook Campus, 308-345-8128 or 800-658-4348, Ext. 8128; or disabilityservices@mpcc.edu. For the latest version of this statement, visit www.mpcc.edu/about-mpcc/general-information/non-discrimination-policy.

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