REGISTRATION FORM

Schoolcraft College

Personal & Professional Learning

Registration/Admission Form

Please use one registration form per student. Duplicate this form as needed.
This form will be used to update your contact information.
For name change requests, contact the Registration Office/Answer Center at 734-462-4426.

1. Are you Hispanic? ☐ Yes ☐ No

2. Please select one or more races:
- ☐ American Indian or Alaska Native
- ☐ Asian ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

☐ Male ☐ Female ☐ Non-binary

DATE OF BIRTH ___-___-___

STUDENT NUMBER
To be assigned to first-time students.

LAST NAME | FIRST NAME | MI/FORMER NAME

NUMBER AND STREET | CITY

STATE | ZIP CODE | EMAIL ADDRESS

DAY PHONE ___-___-___ | EVENING PHONE ___-___-___ | CELL PHONE ___-___-___

Section No.	CES, CES2, CESN No.	Title of Class	Amount
941603	0166	Orton-Gillingham Plus Fidelity	$ 0.00
			$
			$
			$
			$
			$
			$
		TOTAL:	$ 0.00

Email to:
scech@schoolcraft.edu

Submit

Submission deadline: You must apply for SCECHs by **January 7**, or within 10 days of training completion if you are attending a multi-week training. Forms received after these deadlines will not be processed and SCECHs will not be awarded.