CCBC Continuing Education (Non-Credit) Registration Information

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MAIL	IN PERSON	TELEPHONE	ONLINE	How Did You Hear About Us? Radio Newspaper Course Schedule Brochure Web Employer Friend/Relative		
Send registration form and payment (check or money order) in full amount to CCBC, Continuing Education Division, Bldg. CNED, 800 South Rolling Road, Balto. MD 21228-5317.	Bring registration form and payment to the Registration Office of the CCBC campus nearest you.	Phone in your registration by using MasterCard, VISA, Discover, or Ameri- can Express. Please have your credit card number and expiration date ready. 443-840-4700	Visit our website at www.ccbcmd.edu/flexreg and use our online flexible registration system to select classes, register, and make payment.			
New Student	ew Student {					
Last	First	First M.I.		Are you a Veteran? Yes No		
Home Address (no Post (Gender 🖵 Female 🕒 Male					
City	State Zip		Class Location Please call three business days prior to start for class			
Home Phone (Include Are	ea Code) Work Ph	none (Include Area Code)		locations.		
Social Security Number	or Student ID	number (not SSN #) Bir	thdate (MM/DD/YYYY)	Class Changes To drop a class, call no later than one business day prior to start date.		
County of Residence Baltimore County	Baltimore City	-	e Verification I am 60 yrs. or older	Hours of Operation Business hours/days are		

Other (specify):___

□ I am under 16

M-R 9am-7pm

excluding holidays

and college closings.

F 9-4pm

Residency Verfication

I am a U.S. Citizen 🖵 Yes 🖵 No I have been a MD resident for at least 3 months \Box Yes \Box No

CRN#	COURSE#	COURSE TITLE#	BEGIN DATE	TIME	LOCATION	COST*
*Out-of-State or International Students, call 443-840-4700 for course cost. Non-Baltimore County Residents add \$10 per course.						

Signature (I certify all information is correct)

Date

Date

Guardian (if under 18, signature of Legal Guardian is required) Are you of Hispanic or Latino origin?
Yes
No

What is your race? Select one or more of the following categories.

U White

- Black or African American
- L Hispanic or Latino

Asian

American Indian or Alaska Native

□ Native Hawaiian or Other Pacific Islander

Payment Contact Information				
Name:				
Address:				
Phone:				
This contact information will be used for financial activity associated with the minor student's account.				