CCBC Continuing Education (Non-Credit) Registration Information

MAIL

Send registration form and payment (check or money order) in full amount to CCBC, Continuing Education Division, Bldg. CNED, 800 South Rolling Road, Baltimore, MD 21228-5317.

IN PERSON

Bring registration form and payment to the Registration Office of the CCBC campus nearest you.

TELEPHONE

Phone in your registration by using MasterCard, VISA, Discover, or American Express. Please have your credit card number and expiration date ready.

443-840-4700

ONLINE

Visit our website at **www.ccbcmd.edu/flexreg** and use our online flexible registration system to select classes, register, and make payment.

How Did You Hear About Us?

o Radio
o Newspaper
o Course Schedule
o Brochure
o Web
o Employer
o Friend/Relative

❑ New Student { ❑ Returning Student ❑ Check if student information has changed* }

Last First M.I. Preferred First Name

Home Address (no Post Office Box) Email Address

City State Zip

Home Phone (Include Area Code) Work Phone (Include Area Code)

Social Security Number or Student ID number (not SSN #) Birthdate (MM/DD/YYYY)

County of Residence

❑ Baltimore County ❑ Baltimore City

Other (specify):_____

Residency Verification

I am a U.S. Citizen ❑ Yes ❑ No

I have been a MD resident for at least 3 months ❑ Yes ❑ No

Military Status: *(If applicable, check one.)*

❑ Veteran
❑ Active Duty
❑ National Guard
❑ Reservist
❑ Military Dependent (child or spouse)
❑ Survivor of a Service Member

CCBC Employee?

❑ Yes ❑ No

Gender

❑ Female ❑ Male

Age Verification

❑ I am 60 yrs. or older
❑ I am under 16

Class Location

Please call three business days prior to start for classroom locations.

Class Changes

To drop a class, call no later than one business day prior to start date.

Hours of Operation

Business hours/days are:
M-R 9am-7pm
F 9am-4pm
Sat 8:30am-12 noon
(phone only)
excluding holidays and college closings

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

Guardian (if under 16, signature of Legal Guardian is required) Date

Are you of Hispanic or Latino origin? ❑ Yes ❑ No

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

❑ **White**
❑ **Black or African American**
❑ **Asian**
❑ **American Indian or Alaska Native**
❑ **Native Hawaiian or Other Pacific Islander**

**Changes to in-county status requires proof of residency.*

rev. 6-18

Payment Contact Information

Name: _____

Address: _____

Phone: _____

This contact information will be used for financial activity associated with the student's account.