



# CONTINUING EDUCATION REGISTRATION FORM

The Community College of Baltimore County

New Student

Returning Student

CCBC Employee

Yes  No

Male  Female

\_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Home Address (no Post Office Box) E-mail address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
County of Residence Employer/Occupation

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Birthdate (Month/Day/Year)

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Student ID Number (NOT Soc.#)

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

I am 60 yrs. or older  Yes  No I am under 16  Yes  No

I am a Baltimore County resident  Yes  No

I have been a Maryland resident at least 3 months  Yes  No

I am a U.S Citizen  Yes  No

CRN #	Course #	Course Title	Start Date	Time	Location

Signature

*I certify all information is correct.*

Date

Guardian

*If under 18, signature of legal guardian is required.*

Date