 **CCBC**

**CONTINUING EDUCATION REGISTRATION FORM**

The Community College

 of Baltimore County **PLEASE PRINT ALL INFORMATION**

New Student Returning Student CCBC Employee

 Yes No

 Last First M.I.

 Male Female

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

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

***\*Definitions on reverse side***­­­­­­­­­­­­­­­­­­

 City State Zip

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

 County of Residence Employer/Occupation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  Birthdate (Month/Day/Year) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  Student ID Number (Not Soc.#) |

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 # |  | Begin Date | Time |  Location |
| 78905 | AHL325A | *Is This Autism? Recognizing the Less Obvious Presentations of Autism* | 5/19/24 | 2:00pm | Zoom |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Signature Date Guardian Date

 *I certify all information is correct. If under 18, signature of legal guardian is required.*

White – CE Office Yellow – Student Pink – Billing

Rev. 11/09

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  Birthdate (Month/Day/Year) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
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