



# CCBC Continuing Education (Non-Credit) Registration Form

PLEASE PRINT ALL INFORMATION.

New student     Returning student     Check if student information has changed\*

**CCBC Employee?**     Yes     No

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

**Gender**     Female     Male  
 Neither Female nor Male

\_\_\_\_\_  
 Home address (no Post Office Box) Email address

**Age Verification**  
 I am 60 yrs. or older  
 I am under 16

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

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

\_\_\_\_\_  
 Home phone (Include Area Code) Work phone (Include area code)

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Student ID number (not SSN #)

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Birthdate (MM/DD/YYYY)

**Military Status:** *(if applicable)*

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

**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

**County of Residence:** \_\_\_\_\_

I am a U.S. Citizen     Yes     No

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

CRN#	COURSE#	COURSE TITLE	BEGIN DATE	TIME	LOCATION
37697	PSY124A	Treating Chronic Insomnia	1/19/25	2-5pm	Zoom

\_\_\_\_\_  
 Signature *(I certify all information is correct)* Date

\_\_\_\_\_  
 Guardian *(if under 16, signature of Legal Guardian is required)* Date  
[rev. 08/24]