



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
38122	AHL345A	Eating Disorders 101: What You Need to Know	2/16/25	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]