

CCBC Continuing Education (Non-Credit) Registration Form

PLEASE PRINT ALL IN									
□ 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)	E	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) Student ID number (not SSN #) Birthdate (MM/DD/YYYY) County of Residence: I am a U.S. Citizen □ Yes □ No I have been a MD resident for at least 3 months □ Yes □ No			Work phone (Include area code) 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			
CRN#	COURSE#	COURSE TITLE		BEGIN DATE	TIME	L	OCATION		
38870	PSY126A	Helping Clients with Personal Crisis or Loss		4/27/25	2-5pm		OM 509 A&B		

Date