

CCBC Continuing Education (Non-Credit) Registration Form

PLEASE PRINT ALL INFORMATION.

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

Last First M.I.

Home address (no post office box) Email address

City State Zip

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)

County of residence: _____

I am a U.S. citizen ☐ Yes ☐ No

I have been a Md. resident for at least 3 months ☐ Yes ☐ No

CCBC employee? ☐ Yes ☐ No

Legal sex ☐ Female ☐ Male

☐ Neither female nor male

Age verification

☐ I am 60 yrs. or older

☐ I am under 16

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

Military status: (if applicable)

☐ Veteran

☐ Active duty

☐ National Guard

☐ Reservist

☐ Military dependent (child or spouse)

☐ Survivor of a service member

CRN#	COURSE#	COURSE TITLE	BEGIN DATE	TIME	LOCATION
37008	PSY143	Helping People Heal	10/18/26	2pm-5pm	Owings Mills Campus 509A

Signature (I certify all information is correct)

Date

Guardian (if under 16, signature of legal guardian is required)

Date

[rev. 02/25]