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)

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

Military status: *(if applicable)*

- ☐ Veteran
- ☐ Active duty
- ☐ National Guard
- ☐ Reservist
- ☐ Military dependent (child or spouse)
- ☐ Survivor of a service member

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

CRN#	COURSE#	COURSE TITLE	BEGIN DATE	TIME	LOCATION
37343	PSY144A	Contemporary Issues for Understanding Religious Diversity	11/15/26	2pm-5pm	OM 509A

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

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

[rev. 02/25]