

Continuing Education & Training Registration Form

Today's Date _____ Last 4 Digits of Social Security No. _____ Date of Birth (required) _____ I am 16 yrs. or older

Last Name _____ First Name _____ Middle Initial _____

Home Address _____ E-Mail Address _____

City _____ State _____ Zip _____ County of Residence _____

Home Phone _____ Business Phone _____ Cell Phone _____

- Male Female
- U.S. citizen
- Other than U.S. citizen (pay course cost plus \$10 out of state fee per course; fee waived with copy of appropriate Visa)
- I am not a Carroll County resident (pay course cost plus \$5 out of county fee per course)
- I am not a Maryland resident (pay course cost plus \$10 out of state fee per course)
- I am a Maryland resident, 60 years of age or older (pay Senior Adult Cost plus \$5 out of county fee if appropriate)

1. Are you of Hispanic or Latino origin? Yes No
2. 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

Course Number	Course Title	Start Date	Start Time	Cost

Mail completed registration form and check or money order for full amount to:

Carroll Community College
Business Office CE
1601 Washington Road
Westminster, MD 21157

Out of County/Out of State Fees _____
Total Cost _____

If paying with a credit card, please register online at www.carrollcc.edu/instantenrollment

Tuition \$200 or more?
 Use the FACTS program, a monthly payment program to enable you to more easily afford your educational expenses if your tuition is \$200 or more.
 Go to www.carrollcc.edu/factsplan for more information.

I hereby certify that the address and all other information given on this form are true and correct. I understand that I am bound by the policies and procedures of the College's Code of Integrity and accept responsibility for familiarizing myself with the code. To access this code go to www.carrollcc.edu and click on About Carroll/College Policies/Code of Integrity.

Signature (required) _____

For Office Use Only: Rec by _____ Processor _____ Date _____ Phone Mail Walk-In FAX

Charge to my:    

Credit Card Number _____ CID# _____
Note: Your CID# is the last three digits in the signature box on the back of your credit card

Card Holder's Name _____ Credit Card Expiration Date _____

Card Holder's Billing Address (required) _____

Card Holder's Signature _____