

Continuing Education & Training Registration Form

Today's Date _____ Social Security Number _____ 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)

National Origin:

Black, Non-Hispanic (BL)

Hispanic (HS)

American Indian (AI)

White, Non-Hispanic (WH)

Asian (AS)

Other (OT)

New Student

Returning Student

Course Number	Course Title	Date	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, you may register on the internet at www.carrollcc.edu/register/noncredit, by phone at 410-386-8100 or by FAX at 410-876-5869)

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.

FACTS PROGRAM: Carroll Community College offers a FACTS 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 for more information.

Signature (required) _____

Charge to my:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Number _____	CID# _____		<i>Note: Your CID# is the last three digits in the signature box on the back of your credit card</i>	
Card Holder's Name _____	Credit Card Expiration Date _____			
Card Holder's Billing Address (required) _____				
Card Holder's Signature _____				

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