

Save time... register online! carrollcc.edu/CETRegistration

Today's Date _____ College ID# _____ Date of Birth (required) _____

Last Name _____ Legal First Name _____ Chosen First Name _____ Middle Initial _____

Home Address _____ Email Address (required) _____

City _____ State _____ Zip _____ County of Residence _____

Home Phone _____ Business Phone _____ Cell Phone _____

Employer _____

Emergency Contact Name _____ Phone _____

U.S. citizen Male Female

Non-U.S. citizen (with proper documentation the course costs below apply; without documentation pay full course costs).

I am a Carroll County resident (deduct \$10 per course).

I am a Non-Carroll County Maryland resident (deduct \$5 per course).

I am a Maryland resident, 60 years of age or older (pay fees only plus a \$5 tuition cost if a non-Carroll County resident).

Preferred Pronouns:
 She: She/Her/Hers
 He: He/Him/His
 Ze: Ze/Hir/Hirs
 They: They/Them/Their
 Name: Use my name as pronoun

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

I am enrolling in a Workforce Training Certificate program or course(s). Program: _____

Social Security Number (required for Workforce Training Certificate programs and courses) _____ - _____ - _____

Social Security Numbers are used for federal and state reporting purposes only. Your Social Security Number is confidential. (If previously provided, leave blank.)

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
Continuing Education & Training, A115
1601 Washington Road
Westminster, MD 21157

Deduct In-County/In-State Fees _____

Total Cost _____

The College reserves the right to cancel courses or make changes due to insufficient enrollment or unforeseen circumstances. In these events, students will be notified via email.

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student records. For information, visit www.carrollcc.edu/ferpa

The College prohibits the enrollment of individuals listed on any State Services Sex Offender registry and/or Maryland Department of Public Safety and Correctional Services Sex Offender registry. Off-site contract training for clients may be exempt.

I certify that the statements made in this application are correct. I agree to comply with all policies and regulations of Carroll Community College and understand that it is my responsibility to familiarize myself with the Drug-Free Schools and Community Act, Smoke/Tobacco-Free Campus Policy and the Code of Integrity for Academic and Behavioral Standards, all found at carrollcc.edu and in the college catalog.

▶ **Signature (required)** _____

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

If paying with a credit card, register online at www.carrollcc.edu/CETRegistration or by Phone: 410-386-8100, Fax: 410-386-8111.

Charge to my:   

Tuition \$200 or more?
Use the CCC Deferred Payment Plan, a monthly payment program. Go to www.carrollcc.edu/tuitionassistance.

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 _____