

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

Today's Date _____ Last 4 Digits of Social Security No. _____ 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 _____

- Male Female
- U.S. citizen
- Non-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 fees only plus \$5 out-of-county fee if appropriate)
- I am enrolling in a Workforce Training Certificate program or course(s). Program: _____

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

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
Business Office CE
1601 Washington Road
Westminster, MD 21157

Out of County/Out of 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/instantenrollment or by Phone: 410-386-8100, Fax: 410-386-8111.

Tuition \$200 or more?
Use the FACTS program, a monthly payment program.
Go to www.carrollcc.edu/factsplan for more information.

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 _____