

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 _____

- | | | |
|--|---|---|
| <input type="checkbox"/> U.S. citizen | <input type="checkbox"/> Male <input type="checkbox"/> Female | 1. Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Non-U.S. citizen (with proper documentation the course costs below apply; without documentation pay full course costs) | Preferred Pronouns: | 2. Race, select one or more of the following categories: |
| <input type="checkbox"/> I am a Carroll County resident (deduct \$10 per course) | <input type="checkbox"/> She: She/Her/Hers | <input type="checkbox"/> White |
| <input type="checkbox"/> I am a Non-Carroll County Maryland resident (deduct \$5 per course) | <input type="checkbox"/> He: He/Him/His | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> 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) | <input type="checkbox"/> Ze: Ze/Hir/Hirs | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> They: They/Them/Their | <input type="checkbox"/> American Indian or Alaska Native |
| | <input type="checkbox"/> Name: Use my name as pronoun | <input type="checkbox"/> 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.

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 at 410-386-8100 or fax at 410-386-8111.

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

 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 _____