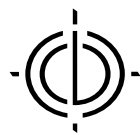


REGISTRATION FORM



CCBC
The Community College
of Baltimore County

STUDENT ID NUMBER (Not Soc. #)

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CAMPUS

- Catonsville
 Dundalk
 Essex

STATUS

- New at CCBC
 Returning
 Transfer

TERM

- Winter
 Spring
 Summer
 Fall

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	Year _____
MAILING ADDRESS (Number, Street, & Apt # if applicable)				
		Day	Month	Year

	STUDENT E-MAIL ADDRESS _____			
CITY	STATE	ZIP CODE	GENDER	EMPLOYER NAME _____
			<input type="checkbox"/> M <input type="checkbox"/> F	EMPLOYER ADDRESS _____

AREA CODE	HOME PHONE NUMBER

AREA CODE	WORK PHONE NUMBER	EXTENSION

MY GOAL AT CCBC IS:

- Just to take course/s
 To earn a certificate
 To earn a degree

Program of Study	Program Code
If you selected the Major Code 100, 170, or 206 please indicate transfer pattern: _____	

CRN	Subj.	Course No.	Sec.	Days	Time		Room	Credit/Audit	Credit/Billable Hrs.
					From	To			
SAMPLE 01234	ACCT	101	See Campus Code	MWF	8:50 a.m.	9:45 a.m.	C.E. 106		3

Check the one statement below which most closely corresponds to your reason for attending CCBC.

To explore new academic areas
 To prepare for immediate entry into a career
 To prepare for transfer to a four-year institution
 To update skills for a job you currently hold
 For interest and self-enrichment
 Not yet decided

DECLARATION OF RESIDENCY*

Baltimore County Out-of-State
 Baltimore City Out-of-Country

Other MD County

*I hereby certify that I have lived, or will have lived, in this city or county, of the state of Maryland for at least 3 months prior to the first day of the semester and will be able to substantiate this claim upon request.

STUDENT RESPONSIBILITY

I understand that non-attendance and/or failure to file all registration changes in writing with the Records and Registration Office does not relieve me of responsibility for tuition and fees charges incurred. I agree to abide by the policies and procedures of the college, including the Student Code of Conduct.

BY MY SIGNATURE, I HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS ACCURATE.

Student's Signature: _____ **Date:** _____
(False information may be cause for dismissal from the college.)

Total Credit/Billable Hours

Records Signature: _____ **Date:** _____
Advisor's Signature: _____