



REGISTRATION FORM

Print all information

CCBC ID # _____ Date of Birth _____
Month Date Year

Legal Last Name _____ Legal First Name _____ Preferred First Name _____ MI _____

Residence _____
Street name and number. (Apt. # if applicable.) P.O. Box cannot be used.

City _____ State _____ Zip Code _____

Phone Number (home) () _____ (cell) () _____
(with area code)

(work) () _____ (ext.) _____

E-mail address _____

Status New CCBC student Returning Student Transfer Student

Campus Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown

Term Summer Fall Winter Spring Year

Reason for attending Explore new academic areas Prepare for immediate entry into a career Prepare for transfer to a four-year college
 Update job skills for a current job Personal interest

Degree _____ Degree Code
(Include "S" for a Health Profession program.)

Degree with Area of Concentration _____ Degree Code
 Area of Concentration
(Include "A" in the Degree Code for a designated Area of Concentration.)

Certificate _____ Certificate Code
 Area of Concentration
(Include "A" in the Degree Code for a designated Area of Concentration.)

Personal Enrichment (non-degree) 052 If you are currently in high school, you must select Personal Enrichment. If you receive financial aid, you may not enroll for Personal Enrichment.

CRN	Subj.	Crse. No.	Sec.	Days	Time	Room	Audit	Credit/ Bill. Hrs.	Approved for (Dean or Designee Initials)			
EX. 1234	ACCT	101	D	MWF	8 – 9 a.m.			3	Prereq	Coreq	Ovld	Repeat
Total												

Declaration of Residency I hereby certify that I live, or will have lived in this city or county of the state of Maryland for at least three months before the start of the first day of the semester or session of my enrollment and will be able to substantiate this claim upon request.

Baltimore County Baltimore City Other Maryland County (Name of County) _____ Out-of-State Out-of-Country

Student Responsibility I understand that my failure to attend classes or to provide timely updates of my official CCBC student enrollment records in writing does not relieve me of responsibility for paying tuition and fees.

By signing this form, I certify that all information I have provided is accurate, and I understand submitting false information may be cause for dismissal from the college. I agree to abide by the policies and procedures of the College and the Code of Student Conduct.

Student's Signature _____ Date _____

_____ ESC or RO Date _____ Advisor's/School Designee's Signature _____ Date _____