

CCBC NON-CREDIT REGISTRATION INFORMATION

FOR OFFICE USE ONLY

Mail-In

Send registration form and payment to The Community College of Baltimore County, Continuing Education Division, Bldg. V, 800 South Rolling Road, Balto. MD 21228-5317.

Walk-In

Bring registration form and payment to the Registration Office of the CCBC Campus nearest you
 • CCBC Catonsville • CCBC Essex • CCBC Dundalk • CCBC Hunt Valley • CCBC Owings Mills

Phone-In

Phone in your registration by using MasterCard, VISA or Discover Card. Have credit card number and expiration date ready when you call.

443-840-4700

FAX

Fax your registration form with charge information.

443-840-4952

WEB

www.ccbcmd.edu

Date _____
 Name _____
 Term _____
 Paymt. Type _____
 Amt. _____
 On-line _____
 Sent to Bus. Office _____
 Materials Fee _____

New Student

Returning Student

How did you hear about us?

Radio Newspaper Schedule Brochure Web Employer Friend/Relative

 Last First M.I.

 Home Address (no Post Office Box) E-mail address

 City State Zip

 Work Phone (Include Area Code) Home Phone (Include Area Code)

 County of Residence Employer/Occupation

I am 60 yrs. or older Yes No I am under 16 Yes No
 I am a Baltimore County resident Yes No
 I have been a Maryland resident at least 3 months Yes No
 I am a U.S. Citizen Yes No

Birthdate					Month/Day/Year				
Student ID Number (Not Soc. #)									

CCBC Employee
 Yes No
 Male Female

Ethnicity(Indicate Number)

- (optional)
01. White/Caucasian
 02. African American/Black
 03. Hispanic/Latino
 04. Asian
 05. Native American / Alaska Native
 07. Other _____

Out of state or international student call 443-840-4700 for course cost.

CRN #	Course #	Course Title	Begin Date	Time	Location	Cost

Signature _____ Date _____
I certify all information is correct.

Guardian _____ Date _____
If under 18, signature of legal guardian is required.

If you do not live in Baltimore County, add \$5 for each course

TOTAL COST:

Make check or money order for FULL AMOUNT payable to: The Community College of Baltimore County and mail to:
CCBC, Building V, 800 South Rolling Road, Baltimore Maryland 21228-5317. Course Number MUST be written on check.
 If you do not live in Baltimore County, add \$5.00 per course (not applicable to senior citizens).
 Or charge to credit card VISA MASTERCARD DISCOVER
 Credit Card Number _____
 Exp. Date _____
 I hereby authorize the charge of \$ _____ to my account as listed above.
 Card holder signature _____ Please print name _____

**For the location of the class, call 443-840-4700 within 3 days of the start date.
 Students dropping a class must notify the Continuing Education Registration Office
 3 days prior to the start date to receive a refund.**