



Continuing Education (Non-Credit) Registration Information

MAIL

Send registration form and payment (check or money order) in full amount to:

Student Center – Virtual Services
Catonsville Campus, CLLB 030
800 S. Rolling Road
Baltimore, MD 21228

IN PERSON

Bring registration form and payment to the Registration Office of the CCBC campus nearest you.

TELEPHONE

Phone in your registration by using MasterCard, VISA, Discover, or American Express. Please have your credit card number and expiration date ready.

443-840-2222

ONLINE

Visit our website at ccbcm.edu/quickreg and use our online flexible registration system to select classes, register and make payment.

☐ New Student ☐ Returning Student ☐ Check if student information has changed* }

CCBC Employee?

☐ Yes ☐ No

Last First M.I. Preferred First Name

Gender

☐ Female ☐ Male
☐ Neither Female nor Male

Home Address (no Post Office Box) Email Address

Age Verification

☐ I am 60 yrs. or older
☐ I am under 16

City State Zip

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

Class Location

Please call three business days prior to start for classroom locations.

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Social Security Number

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or Student ID number (not SSN #)

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Birthdate (MM/DD/YYYY)

County of Residence

☐ Baltimore County ☐ Baltimore City

Other (specify): _____

Military Status: (If applicable, check one.)

☐ Veteran
☐ Active Duty
☐ National Guard
☐ Reservist
☐ Military Dependent (child or spouse)
☐ Survivor of a Service Member

Class Changes

To drop a class, call no later than one business day prior to start date.

Hours of Operation

Business hours/days are:
M–R: 8:30 a.m.–5 p.m.
F: 8:30 a.m.–4:30 p.m.

Residency Verification

I am a U.S. Citizen ☐ Yes ☐ No
I have been a MD resident for at least 3 months ☐ Yes ☐ No

CRN#	COURSE#	COURSE TITLE#	BEGIN DATE	TIME	LOCATION	COST*

Out-of-County, In-State Residents: \$10 Fee
Out-of-State Residents: \$20 Fee

Additional Fees

Total

Signature (I certify all information is correct)

Date

Guardian (if under 16, signature of Legal Guardian is required)

Date

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

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

Payment Contact Information

Name: _____

Address: _____

Phone: _____

This contact information will be used for financial activity associated with the student's account.