

CCBC 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 **ccbcmd.edu/quickreg** and use our online flexible registration system to select classes, register and make payment.

□ New Stu	ıdent {□ Retur	{□ Returning Student □ Check				nfor	mation	-	CCBC Employee? ☐ Yes ☐ No				
Last	ast First			M.I.			Pref	erred F	First Nam	ie 🗆	Gender □ Female □ Male □ Non-Binary/Other		
Home Address (no Post Office Box)					Email Address						— Age Verification □ I am 60 yrs. or older □ I am under 16		
City		State				Zip					1 am ander 10		
Home Phone (Include Area Code) Work Phone (Include Area Code)									Ples day	Class Location Please call three business days prior to start for classroom locations.			
Social Seco	urity Number o	Class Chan To drop a cla											
□ Baltimore County □ Baltimore City □ Volume (specify): □ A □ N Residency Verification □ Residency Solution □ No □ M I have been a MD resident for at least 3 months □ Ves □ No □ M						vary Status: (If applicable, check one.) Veteran Active Duty National Guard Reservist Military Dependent (child or spouse Survivor of a Service Member					to start date. Hours of Operation Business hours/days are: M-R: 8:30 a.m5 p.m. F: 8:30 a.m4:30 p.m.		
CRN#	COURSE#	COURSE TITLE#			BEGIN DATE				TIME		TION	COST*	
Out-of-County, In-State Residents: \$10 Fee Out-of-State Residents: \$20 Fee									Addition	nal Fees			
											Total		
Signature (I c	ertify all information is correc	t)						Date		_	L		
Guardian (if under 16, signature of Legal Guardian is required)								Date		_			
-	lispanic or Latino origin?		ategories.				Pay	yment	Contac	t Inform	ation		
What is your race? Select one or more of the following categories. ☐ White						Name:							
☐ Black or African American						Address:							
□ Asian □ American Indian or Alaska Native						Phone:							
□ Native Hawaiian or Other Pacific Islander						This contact information will be used for financial activity associated with the student's account.							