Baltimore City Community College

Changing Lives...Building Communities

# Baltimore City Community College
## *Business and Continuing Education Division*

*710 E. Lombard Street*
*Baltimore, MD 21202*

## *Non-Credit/ Credit Shared*
## REGISTRATION & ADD/DROP FORM

***Phone: 410.986.3200 * FAX: 410.986.3240***

*To register for non-credit courses, you must be 16 years old or older.*
**The mail-in form cannot be used for ABE, GED, ESL and certain Healthcare courses.**

**Method of Payment:** ☐ Cash ☐ Check ☐ Credit Card ☐ Contract ☐ Voucher **Total Paid: $**_____ Cashier's Signature: _____ Date: _____

☐ Third Party Payment: Company/ Agency Code: _____ Company/ Agency Name: _____

**Semester Code:**

☐ Fall A0____
☐ Winter A0____
☐ Spring A0____
☐ Summer A0____

| **Social Security/ID Number** | **Last Name** | **First Name** | **M.I.** |
|---|---|---|---|
| | | | |

**Date of Birth**

**Gender**
☐ Male
☐ Female

**Ethnicity/ Race**
☐ African American (1) ☐ Hispanic (4) ☐ Native Hawaiian/ Other Pacific (7)
☐ American Indian (2) ☐ Caucasian (5) ☐ Two or more ethnicities (8)
☐ Asian (3) ☐ Other (6) ☐ Race/Ethnicity Unknown (9)

| **Home Phone** | **Work Phone** | **Cell Phone** |
|---|---|---|
| | | |

| **Street Address** | **City** | **State** | **Zip** | **E-mail Address** |
|---|---|---|---|---|
| | | | | |

**Residence**
☐ Baltimore City (01)
☐ Maryland County (02)
☐ Out-of-State (03)
☐ Foreign (04)

**Citizenship Status**
(Citizenship Status *for tuition-setting purposes only).*
☐ U.S. Citizen (01)
☐ Refugee/ Permanent Resident (02)
☐ Student Visa (03)
☐ Other immigration status: _____ (04)

**Residency Statement:**
☐ I have been a Maryland resident for at least 3 months
☐ I consider Maryland to be my permanent home, where my possessions are maintained and where I intend to remain indefinitely.
☐ I am 60 years of age or older. (Applicable for tuition waiver for Maryland state residents only on a space-available basis).

☐ **Registration** ☐ **Add** ☐ **Non-credit only** ☐ **Credit/non-credit (ELI)**

| INDEX NUMBER | COURSE CODE | COURSE TITLE | BEGIN DATE | END DATE | TIME | LOCATION | TUITION | FEES | BILLING CODE |
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☐ **Drop/Withdraw** ☐ **Non-credit only** ☐ **Credit/non-credit (ELI)**

| INDEX NUMBER | COURSE CODE | COURSE TITLE | BEGIN DATE | END DATE | TIME | LOCATION | TUITION | FEES | BILLING CODE |
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I have read the Schedule of Non-Credit Courses and accept full responsibility for the course(s) I have selected. I understand that this non-credit registration does not constitute application or acceptance into the credit degree programs of the College. By my signature I acknowledge my responsibility for payment of tuition and fees generated by this registration. Failure to attend classes does not relieve me of my financial obligation. If I formally withdraw from the course(s) prior to the first class meeting or if BCED cancels the course(s), I will receive a 100% refund. I understand that refunds will not be granted for classes that are either not officially dropped or dropped after the start date. I certify that the information on this form is correct to the best of my knowledge. I accept and agree to abide by all policies and regulations of BCCC, including those concerning drug and alcohol abuse. I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

**Student's Signature:** _____ **Date:** _____

**Registration Advisor Signature:** _____ **Date:** _____

**Registration Entered By:** _____ **Date:** _____