

**Print all Information**

**CCBC ID # 900** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
 \_\_\_\_\_ **Month** \_\_\_\_\_ **Date** \_\_\_\_\_ **Year** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_  
 (Legal) \_\_\_\_\_  
**Address** \_\_\_\_\_  
 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** \_\_\_\_\_ **Employer's Name** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Status**  New CCBC student  Returning Student  Transfer Student  
**Campus**  Catonsville  Dundalk  Essex  Hunt Valley  Owings Mills  Randallstown  
**Term**  Summer I  Summer II  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

**Goal**  Associate degree  Credit Certificate  Personal Enrichment, 052 (Not available for financial aid recipients.)  
**Program of Study** \_\_\_\_\_ **Program Code**     (Include S in the program code if you have not yet been accepted to a Health Professions program.)  
 (Name of transfer pattern for Program Code 100, 170, or 206) \_\_\_\_\_

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

**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** \_\_\_\_\_