



1601 Washington Road | Westminster, MD 21157 | carrollcc.edu

## Continuing Education and Training Contract Registration Form

410-386-8100 | Fax 410-386-8111 | Room A115

Today's Date \_\_\_\_\_ College ID# (if known) \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Chosen First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

☐ Male ☐ Female

☐ New Student ☐ Returning Student

1. U.S. Citizen (required)

☐ Yes ☐ No

2. Are you of Hispanic or Latino origin?

☐ Yes ☐ No ☐ Decline to specify

3. 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
- ☐ Decline to specify

Course Number	Course Title	Start Date	Start Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I certify that the statements made in this application are correct. I agree to comply with all policies and regulations of Carroll Community College and understand that it is my responsibility to familiarize myself with the Drug-Free Schools and Community Act, Smoke/Tobacco-Free Campus Policy and the Code of Integrity for Academic and Behavioral Standards, all found at carrollcc.edu and in the college catalog.*

*The College prohibits the enrollment of individuals listed on any State Services Sex Offender registry and/or Maryland Department of Public Safety and Correctional Services Sex Offender registry. Off-site contract training for clients may be exempt.*

► **Signature (required)** \_\_\_\_\_