

Backdoor Registration Form

*Indicates required field

Part A: Student Information

Legal Name* (first/given, middle initial, last/family, suffix)						
Chosen Name (first, last)						
Previous Name (first/given, last/family)						
Date of Birth*		Social Security Number				
		d generally does not use the SSN for identification ncial aid or tax credits without providing a SSN (
Phone	Type (cell, home, work)	Phone	Type (cell, home, work)			
Mailing Address* (street, city, state, zip)					
Email Address*						
You will be issued a CCC email address to us be used as a back-up.	se for all college business. I	However, we require that you provide a secondar	✓ email address that may			
Purpose of Study* (select one)		Educational Goals* (select all that apply)				
 □ Credit classes for personal/professional interest (Code: NA.CREDIT) □ Workshops for career enhancement (Code: NA.WORKSHOPS) □ GED or pre-college classes (Code: NA.ABEGED) 		 Explore career and educational options Finish high school Prepare for GED exam Improve reading, writing, or math skills Learn English Take classes for fun Transfer without a degree Take job-related or job-required classes Other 				

Part B: Course Registration Requests

Term (e.g. Winter 2018)		st g. \$150.00)

Part C: Signature

Payment is due at the time of registration. By signing this form, yo financial liability. If you fail to pay on time and CCC refers your ac up to 25% of the debt or the maximum percentage allowed by appr add these fees to your balance due, and they will be due and owind due and prior to referring your account to a collection agency. You all classes. Please review the current class schedule for important	count(s) to a third party for collection, a collection fee of blicable law will be added to your balance due. CCC will ng no earlier than 60 days after the date your payment is a will be held academically and financially responsible for	ENROLLMENT SERVICES USE				
Signature:						
Date:						
Optional Privacy Release						
I authorize CCC to release my academic and student account information to:						
until the following date: Signature:		Person/Company Name				
MM/DD/YYYY						
Please complete this portion if you wish to allow your employer to access you CCC records.						