



Return registration for and payment by check to:
Registrar's Office
Clackamas Community College
19600 Molalla Avenue
Oregon City, OR 97045

Backdoor Registration Form

Part A: Student Information

**Indicates required field*

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	
<i>CCC does not require a Social Security Number (SSN) for admission and generally does not use the SSN for identification purposes. Although providing your SSN is voluntary, please note that you cannot receive financial aid or tax credits without providing a SSN (other forms of financial aid are available for students without a SSN).</i>			
Phone	Type (cell, home, work)	Phone	Type (cell, home, work)
Mailing Address* (street, city, state, zip)			
Email Address*			
<i>You will be issued a CCC email address to use for all college business. However, we require that you provide a secondary email address that may be used as a back-up.</i>			
Purpose of Study* (select one) <input type="checkbox"/> Credit classes for personal/professional interest (Code: NA.CREDIT) <input type="checkbox"/> Workshops for career enhancement (Code: NA.WORKSHOPS) <input type="checkbox"/> GED or pre-college classes (Code: NA.ABEGED)		Educational Goals* (select all that apply) <input type="checkbox"/> Explore career and educational options <input type="checkbox"/> Finish high school <input type="checkbox"/> Prepare for GED exam <input type="checkbox"/> Improve reading, writing, or math skills <input type="checkbox"/> Learn English <input type="checkbox"/> Take classes for fun <input type="checkbox"/> Transfer without a degree <input type="checkbox"/> Take job-related or job-required classes <input type="checkbox"/> Other	

Part B: Course Registration Requests

Term (e.g. Winter 2018)	CRN (e.g. 284278)	Course Title (e.g. Conflict Resolution)	Credits/CEUs (e.g. 1.6CEU)	Cost (e.g. \$150.00)

Part C: Signature

Payment is due at the time of registration. By signing this form, you agree to all CCC policies and procedures including financial liability. If you fail to pay on time and CCC refers your account(s) to a third party for collection, a collection fee of up to 25% of the debt or the maximum percentage allowed by applicable law will be added to your balance due. CCC will add these fees to your balance due, and they will be due and owing no earlier than 60 days after the date your payment is due and prior to referring your account to a collection agency. You will be held academically and financially responsible for all classes. Please review the current class schedule for important deadlines.

Signature:

Date:

ENROLLMENT SERVICES USE

Optional Privacy Release

I authorize CCC to release my academic and student account information to: _____
until the following date: _____. Signature: _____
MM/DD/YYYY

Person/Company Name

Please complete this portion if you wish to allow your employer to access you CCC records.