Clackamas Community College

Please include payment with registration form.
Mail to: Registrar's Office
19600 Molalla Avenue
Oregon City, OR 97045

Backdoor Registration Form

Part A: Student Information   *Indicates required field*

Date of Birth*	Social Security Number

Note: Your Social Security Number (SSN) is required if you are applying for financial aid. IRS regulations require that you provide your SSN or Tax Identification Number (TIN) so that it may be included on the 1098-T form filed by the college if you are eligible for certain tax credits. The college will use your SSN for keeping records, doing research, aggregate reporting, extending your credit, and collecting debts. Providing your SSN means that you consent to the use of the number in the manner described. Your SSN will not be shared with the general public and, as you will be issued a separate student ID number, you will not be denied any rights as a student if you choose not to provide your SSN (per OAR 589-004-0400).

Legal Name* (first/given, middle initial, last/family, suffix)

Preferred Name (first/given, last/family)

Previous Name (first/given, last/family)

Phone	Type (cell, home, work)	Phone	Type (cell, home, work)

Mailing Address* (street, city, state, zip)

Email Address*

Note: CCC will provide you with a student email address that you will be required to use for all official college communications. However, a personal email address that only you have access to is required as a back-up method of electronic communication.

Purpose of Study* (select one)

☐ Credit classes for personal/professional interest
(Code: NA.CREDIT)
☐ Workshops for career enhancement
(Code: NA.WORKSHOPS)
☐ GED or pre-college classes
(Code: NA.ABEGED)

Educational Goals* (select all that apply)

☐ 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)	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: _____
Person/Company Name

until the following date: _____. Signature: _____
MM/DD/YYYY

Revised 10/3/18