

CONTINUING EDUCATION > REGISTRATION and/or DROP FORM

(PLEASE USE BLACK INK)

TERM: FALL WINTER SPRING SUMMER **YEAR:** _____

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STUDENT'S SOCIAL SECURITY NUMBER OR AACC ID

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MI

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

E-MAIL ADDRESS

BUSINESS PHONE #

HOME PHONE #

BIRTH DATE

MONTH

DAY

YEAR

GENDER

M MALE

F FEMALE

<p style="text-align: center;">OPTIONAL FOR REPORTING PURPOSES ONLY. PLEASE CHECK APPLICABLE BOXES.</p> <p>ETHNIC BACKGROUND</p> <p><input type="checkbox"/> BLACK/AFRICAN AMERICAN (1) <input type="checkbox"/> HISPANIC (4)</p> <p><input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE (2) <input type="checkbox"/> CAUCASIAN (5)</p> <p><input type="checkbox"/> ASIAN OR PACIFIC ISLANDER (3) <input type="checkbox"/> OTHER (7)</p>	<p>CITIZENSHIP</p> <p><input type="checkbox"/> U.S.</p> <p><input type="checkbox"/> PERMANENT ALIEN RESIDENT (SUBMIT PROOF OF ALIEN REGISTRATION CARD) _____</p> <p><input type="checkbox"/> TYPE OF VISA _____</p> <p><input type="checkbox"/> FOREIGN COUNTRY OF CITIZENSHIP _____</p>	<p>RESIDENCY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO I HAVE MAINTAINED MY LEGAL DOMICILE IN _____ COUNTY FOR AT LEAST 3 MONTHS.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO I HAVE MAINTAINED MY LEGAL DOMICILE IN MARYLAND FOR AT LEAST 3 MONTHS.</p>
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SELECT ONE

GRADE

SCHOOL CODE

REGISTER • DROP	★STARS★	COURSE ID	SECTION	PUB CODE	COURSE TITLE	START DATE	DAYS	TIMES	LOCATION	COST
Register	00000	SAM 300	201	101	Sample Course	Sept. 3	MWF	7-9 pm	AACC	\$\$\$

MARYLAND OUT-OF-COUNTY RESIDENT FEE ADD \$5 EACH COURSE ➤

OUT-OF-STATE FEE ADD \$10 EACH COURSE ➤

I certify that the information I have given on this form is accurate and complete.

TOTAL COST ➤

The security of all members of the campus community is of vital concern to Anne Arundel Community College. Information concerning campus security and crime statistics is available in the Student Handbook. For copies write the Anne Arundel Community College Department of Public Safety, 101 College Pky Arnold MD 21012-1895.

An equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call disability support services, 410-777-2307 or Maryland Relay 711, 72 hours in advance, to request special accommodations. For information regarding Anne Arundel Community College's compliance and complaints concerning discrimination or harassment, call 410-777-7432 or Maryland Relay 711.

REQUIRED SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE (if student under 16 years) _____ **DATE** _____

PAYMENT IS DUE AT TIME OF REGISTRATION. NO REFUNDS GIVEN AFTER THE CLASS HAS STARTED.

CHARGE MY AMERICAN EXPRESS MASTERCARD VISA DISCOVER ATTACHED IS MY CHECK/MONEY ORDER PAYABLE TO AACC.

ACCOUNT # _____ EXP. DATE: _____

CARDHOLDER SIGNATURE: _____