

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 (optional) 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>OPTIONAL FOR REPORTING PURPOSES ONLY.</p> <p>ETHNICITY CHECK ONE</p> <p><input type="checkbox"/> HISPANIC OR LATINO</p> <p><input type="checkbox"/> NOT HISPANIC OR LATINO</p> <p>RACE CHECK ONE OR MORE</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> BLACK OR AFRICAN-AMERICAN</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> WHITE</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	\$\$\$
				101						
				101						
				101						

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.

NOTICE OF NONDISCRIMINATION
 AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30-days notice. For information on AACC's compliance and complaints concerning discrimination or harassment, contact Karen L. Cook, Esq., federal compliance officer, at 410-777-7370 or Maryland Relay 711.

MARYLAND OUT-OF-COUNTY RESIDENT FEE ADD \$5 EACH COURSE ►	
OUT-OF-STATE FEE ADD \$10 EACH COURSE ►	
TOTAL COST ►	

I certify that the information I have given on this form is accurate and complete. By proceeding with this registration I agree to abide by the Academic Integrity Policy and all other college policies as cited in the college catalog.

REQUIRED SIGNATURE _____ DATE _____

IT IS UNDERSTOOD AND AGREED BY YOUR SIGNATURE THAT YOU ARE HEREBY RESPONSIBLE AND OBLIGATED TO PAY FOR THE ABOVE COURSES.

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: _____

Questions?
Call 410-777-2325.