Please print. Complete and return this form with payment (if applicable). No further notice will be provided.

Date of Birth (*required for enrollment*) MM/DD/YYYY:	

Last Name:	First Name:	Middle Initial:

Street Address:	Apt:

City:	State:	Zip:	County:

Home Phone:	Alternate Phone:

Email Address:	New Address (X):

Have you ever served in the Military (circle one)? No – Yes (see below)
Are you a dependent of a Veteran (circle one)? No – Yes (see below)

NOTE: If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.

Veteran Benefits:
☐ 35 Dependent   ☐ Chapter 33 Post 9/11 Gi Bill   ☐ Veteran not using benefits

Place of Permanent Address (check one)
☐ Allegheny County (1)
☐ Out-of-State (5)
☐ Out-of County

This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.

Marital Status:
☐ Single   ☐ Married
☐ Divorced   ☐ Separated
☐ Widowed

Sex:
☐ Male   ☐ Female

Do you consider yourself to be Hispanic/Latino/Spanish Origin?
☐ Yes   ☐ No

In addition, select one or more of the following racial categories to describe yourself:
☐ American Indian/Alaskan   ☐ Asian
☐ Black or African American   ☐ White or Caucasian
☐ Native Hawaiian or Pacific Islander

Payment Must Be Enclosed (if applicable)
Print Phone Number on Check or Money Order (Checks Payable to CCAC).

Mail To: CCAC ~ SP NDS
BRADDOCK HILLS CENTER
250 YOST BLVD
BRADDOCK HILLS, PA 15221

Because CCAC cares about your privacy, we cannot process credit card information by mail. Please visit **ccac.edu**, any CCAC facility; or call 412-788-7546 to register if you prefer to pay by credit card.

REFUND POLICY:
Students not attending the program (course) must notify CCAC in person, by mail or at 412-369-3701 BEFORE the first day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

Course Number	Semester	Course Title	Course Location	Cost (if applicable)
	N22			

Student Signature (Required for enrollment)		**Date**	
If sponsored, Authorizing Agency			
& Signature		**Date**	

I agree that once I register, I become legally bound by and agree to the terms of Community College of Allegheny County Student Financial Responsibility Agreement and as such become responsible for all charges incurred, unless I drop classes during the designated refund period.

If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:
Allegheny – 412.237.4612 • Boyce – 724.325.6604
North – 412.369.3686 • South – 412.469.6207
TTY – 412.369.4110 & 412.469.6005

Form Updated 2017