

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: <input type="checkbox"/> 35 Dependent <input type="checkbox"/> Chapter 33 Post 9/11 Gi Bill <input type="checkbox"/> Veteran not using benefits			This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.		
Place of Permanent Address (check one) <input type="checkbox"/> Allegheny County (1) <input type="checkbox"/> Out-of-State (5) <input type="checkbox"/> Out-of County			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
			Do you consider yourself to be Hispanic/Latino/Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No In addition, select one or more of the following racial categories to describe yourself: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> 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)
	N23SP			

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
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