

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:				Soc Sec #:			
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

Payment Must Be Enclosed (if applicable)

Print Phone Number on Check or Money Order (Checks Payable to **CCAC**)

Mail To: Workforce Development Division Registration

West Hills Center – Suite N1200

1000 McKee Road

Oakdale, PA 15071-1099

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 412.788.7546 BEFORE the first class day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

Semester	Course Number	Course Title	Course Location	Investment (if applicable)
N19FA	XGE-013-5102	Project Management Boot Camp	CCAC-North	\$2,395
				\$

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 the 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. I understand that the college is extending credit to me and permitting me to register, enroll and attend classes in return for my promise to pay the college all tuition and fees incurred as a result of my registration, and that such extension of credit constitutes an educational loan or education benefit that is non-dischargeable under Section 523 (a)(8) of the United States Bankruptcy Code. I understand that failure to pay my student account or any monies due and owing CCAC may result in a financial hold placed on my account preventing registration for future classes, release of transcripts and diplomas, and additional college services. Additionally I understand that failure to pay my student account or any monies due and owing CCAC will result in a \$15.00 late payment fee assessed to my account for each late payment and may result in my account being referred to a third party collection agency resulting in additional fees. Finally, I understand that all delinquent student accounts may be reported to one or more of the national credit bureaus.

LEVEL OF CERTIFICATION/TRAINING (for Public Safety Institute courses only)

- FRP EMT-P FIRE DISPATCHER
 EMT NURSE POLICE OTHER



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

Cert #:		Expiration:	
----------------	--	--------------------	--