

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"/> 30 Montgomery | <input type="checkbox"/> 35 Dependent | <input type="checkbox"/> Chapter 33 Post-9/11 GI Bill | <input type="checkbox"/> Veteran not using benefits |
| <input type="checkbox"/> 1606 Reserve | <input type="checkbox"/> Chapter 1607 | <input type="checkbox"/> Chapter 31 | |

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: CCAC Special Needs Program

CCAC Braddock Hills Center

250 Yost Blvd.

Pittsburgh, PA 15221-4818

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

Marital Status:

- Single
- Divorced
- Widowed
- Married
- Separated
- 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:

- Sex:**
- Male
 - Female
 - American Indian/Alaskan
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - Asian
 - White or Caucasian

Because CCAC cares about your privacy, we cannot process credit card information by mail. Please visit ccac.edu, any CCAC facility, or call 412.369.3701 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 class 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)

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

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

Cert #:		Expiration:	
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