

## **QUESTIONS?**

 $School\ of\ Continuing\ Education\ and\ Workforce\ Development$ 

410-777-2325 (PHONE) | www.aacc.edu/noncredit

## **CEWD REGISTRATION/DROP FORM**

|   | T INFORMATION                                | ge Parkway, Attn. ISC - CAL  (ALL APPLICABLE FI  |   |   | AACO  | DID NUMBER DIGITS OF   | R or   | c.edu/noncred   | nt/person.cn  | T                             |  |
|---|--|--|---|---|---|--|--|---|---|-------------------------------|--|
|   |  |  |   |   |   |  |  |   |   |                               |  |
| STUDENT'S LEGAL <b>LAST</b> NAME  |  |  |   | STUDENT'S LEGAL FIRST NAME (NO NICKNAMES)   |   |  |  | N   |   |                               |  |
| HOME STREET ADDRESS   |  |  | CITY  | CITY  |   |  |  | STATE   | ZIP   | _                             |  |
| COLINEY   |  |  |   | ALL ADDRESS                                 |   |  |  |   |   |                               |  |
| COUNTY  |  |  |   | EMAIL ADDRESS                               |   |  | 1 1  |   |   | 1                             |  |
| CELL PHONE BUSN PHONE   |  |  | IOH   | HOME PHONE                                  |   |  | BIRTH DATE (MM/DD/YYYY)  |   |   | <u>'</u>                      |  |
| <ul> <li>□ American Indian or Alaska Native</li> <li>□ I am a perma</li> <li>□ I have a visa*</li> <li>□ Black or African-American</li> <li>□ Native Hawaiian or other Pacific Islander</li> </ul> *Original documents*  *Original documents*  *Original documents*  *Original documents*  *Original documents*  *Original documents*  **Original document |  |  | ed State<br>nanent a<br>a*; visa<br>cumenta | d States citizen.<br>anent alien resident*. |   |  | RESIDENCY (SELECT ONE)  I HAVE MAINTAINED MY LEGAL  ☐ in Anne Arundel County for at months.  ☐ in Maryland for at least 3 mor  ☐ not in the state of Maryland. |   |   | least 3                       |  |
| ADDITIONA   | MD REAL ESTATE LICENSE #:                    | ESTATE LICENSE #: GRADE:   |   |   |   | SCHOOL CODE:   |  |   | _   |                               |  |
| COURSE  | INFORMATION                                  | <b>TERM:</b> □ FALL  | □W  | INTER 🛚 🗓 S                                 | PRING □ S                                     | UMMER  | YEAR:  |   | PUB CD: 10  | )(                            |  |
| REG/DROP  | SECTION ID                                   | TITLE of COURSE  |   | START DATE                                  | DAYS of WK                                    | TIN  | 1ES  | LOCATION  | COST  |                               |  |
| Register  | ABC-123-456                                  | Sample Course Title  | ?   | Sept. 28                                    | MWF   | 10am - 12:30pm   |  | GBTC  | \$\$\$  |                               |  |
| Register  | LEG 542                                      | Limited Scope Represer   | ntation                                     | June 12th                                   | Mon   | 8 - 2:30   | ) pm   | Kent Is   |   |                               |  |
|   |  |  |   |   |   |  |  |   |   |                               |  |
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| DIJECTING   | A CEWD CERTIFICAT                            |  |   | Out-of-cour                                 | <br>nty residents add <b>\$10 per class</b> ; |  |  |   |   |                               |  |
|   | ONCREDIT PROGRAM CO                          |  |   |   |   |  |  | nts add <b>\$25 <u>per</u> class</b> .  |   |                               |  |
|   |  |  | Pa  | yment is due                                | at the time of                                | registrati   | on.  | TOTAL COST  |   |                               |  |
| I certify that the abide by the Ac  | ademic Integrity Policy and a                | (REQUIRED FOR EACT this form is accurate and comp II other college policies as cited IN SIGNATURE (IF STUDENT UNITE that you are hereby responsible) | lete. By<br>in the c                        | proceeding with ollege catalog.             | DATE  |  | communit Arundel C concerning statistics Handbook Communic   | ity of all member<br>y is of vital co<br>Community Colle<br>g campus secu<br>is available i<br>c. For copies writ<br>ty College, Depa<br>D1 College Parky | oncern to Anr<br>ge. Information<br>rity and crimen the Studen<br>e: Anne Arund<br>rtment of Publ | ne<br>ne<br>nt<br>l <b>el</b> |  |
| PAYMEN  | T INFORMATION                                | (NO REFUNDS ARE  | GIVEN                                       | ΔETER Δ CI Δ9                               | ςς μας ςταρτε                                 | :D)  |  | <b>Nondiscrimination:</b><br>y, affirmative acti  |   |                               |  |
| ☐ SEE ENCLO   | DSED CHECK/MONEY O<br>/IY: □ AMERICAN EXPRES | or<br>ASTER(   |   | SA  | ·   | Title 504 compliant institution. Call Disabi<br>Support Services, 410-777-2306 or Maryle<br>Relay 711, 72 hours in advance to request m<br>accommodations. Requests for sign langue<br>interpreters, alternative format books<br>assistive technology require 30 days' notice.<br>information on AACC's compliance of<br>complaints concerning sexual assault, sex<br>misconduct, discrimination or harassme |  |   |   |                               |  |
|   |  |  | IX 0  |   |   |  | IX cod   | omplianceofficer@aacc.edu or Maryland Relay   |   |                               |  |
| CARDHOLDER  | SIGNATURE                                    |  |   |   | DATE  |  | 711.   |   | 07/07/2016  |                               |  |