CCAC REGISTRATION FORM

Returning students may also register at **my.ccac.edu**

Please complete all sections of the registration form, save the file before printing or emailing to CCAC Registration.

Preferred Home Campus

- ☐ Allegheny (North Shore) Homewood-Brushton Center
- ☐ Boyce (Monroeville) Braddock Hills Center
- ☐ North (McCandless) West Hills Center
- ☐ South (West Mifflin) Washington County Center

STUDENT IDENTIFICATION NUMBER | SOCIAL SECURITY NUMBER (IF STUDENT ID NUMBER UNAVAILABLE) | BIRTHDATE (MM/DD/YY)

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET ADDRESS | APARTMENT NUMBER

CITY | STATE | ZIP CODE | COUNTY

EMAIL ADDRESS | CELL PHONE | HOME PHONE | BUSINESS PHONE

Citizenship Status *(Check One)*

- ☐ United States Citizen
- ☐ Permanent Resident
- ☐ Non-resident/International Student
- ☐ Other

Residency Status *(Check One)*

Domicile shall mean a person's true, fixed and permanent home, to which one intends to return after being absent.

- ■ In Allegheny County
- ☐ Out of Allegheny County with Community College
- ■ Out-of-state

Have you served in the military? ☐ Yes ☐ No

Are you a dependent of a veteran/military member? ☐ Yes ☐ No

Voluntary Information *(Please check one in each section.)*

Providing the information below is optional. This voluntary information is used to comply with federal reporting and has no effect on admission to the college.

Ethnicity & Race**

Hispanic/Latino/Spanish Origin: ☐ Yes ☐ No

Select all that apply:

- ☐ American Indian or Alaskan Native (including all Original Peoples of the Americas
- ☐ Asian (Including Indian subcontinent & Philippines)
- ☐ Black or African American (including Africa & Caribbean)
- ☐ Native Hawaiian or Pacific Islander (Original Peoples)
- ☐ White (including Middle Eastern)
- ☐ I choose not to reply

Gender** ☐ Male ☐ Female

Marital Status** ☐ Married ☐ Single

PROGRAM NAME | CODE (THE LISTING OF CCAC PROGRAM CODES ON PAGE 8)

SIGNATURE | DATE

COURSE TITLE	TERM	EXPRESS CODE	CATALOG COURSE NO.	SECTION	TIME		DAYS							LOCATION	CREDIT	AUDIT
					FROM	TO	U	M	T	W	R	F	S			

If you are registering for an Online Learning course, visit **ccac.edu/online-getting-started**.

ADVISOR COMMENTS

ADVISOR SIGNATURE | DATE | STUDENT 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.

The college is subject to provisions of and complies with the Family Educational Rights and Privacy Act of 1974. A statement of the college policy can be found in the student handbook and college catalog (online at ccac.edu).