CCAC REGISTRATION	FORM Retur	ning students	may also register a	at <b>my.ccac.edu</b>	My ccac		
Preferred Home Campus   Allegheny (North Shore)   Homewood-Brushton Center		orth (McCandless est Hills Center	Wa	uth (West Mifflin) ashington County Cer addock Hills Center	Virtual Campus		
Information Center Phone: 412.237.2222   0	hat: wildcatchat.ccac.edu	Email: registrat	tion@ccac.edu				
STUDENT IDENTIFICATION NUMBER	4 DIGITS OF SOCIAL SECURITY NU	IMBER (IF STUDEN	T ID NUMBER UNAVAILAI	BLE)	BIRTHDATE (MM/DD/YY)		
LAST NAME		FIRST NAME			MIDDLE INITIAL		
	FINST INAMIE						
STREET ADDRESS					APARTMENT NUMBER		
CITY		STATE	2	ZIP CODE	COUNTY		
EMAIL ADDRESS		CELL PHONE		HOME PHONE	BUSINESS PHONE		
PREFERRED/CHOSEN FIRST NAME (NAME YOU WOULD LIKE Citizenship Status (Check One)	TO USE, OTHER THAN NAME LISTI	ED ABOVE)	Providing the info to comply with fee	rmation below is opt deral reporting and h	<i>check one in each section.)</i> ional. This voluntary information is used as no effect on admission to the college.		
United States Citizen Permanent Resident			Ethnicity & Race** Hispanic/Latino/Spanish Origin: Yes No				
Non-resident/International Student Other			Select all that apply:				
Residency Status (Check One)			American Indian or Alaskan Native (including all Original Peoples of the Americas				
Domicile shall mean a person's true, fixed and permanent home, to which one intends to return after being absent.			Asian (Including Indian subcontinent & Philippines) Black or African American (including Africa & Caribbean)				
In Allegheny County			Native Hawaiian or Pacific Islander (Original Peoples)				
Out-of-state with Community College		,	White (including Middle Eastern)				
			I choose not	-			
Have you served in the military?	Yes	No	Gender**	Male	Female		
Are you a dependent of a veteran/milit	arv member? Yes	No	Marital Statu	s** Marri	ed Single		

Are you a dependent of a veteran/military member? Yes

PROGRAM NAME

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

CATALOG COURSE NO. SECTION	CECTION		TEDM	TIME		DAY(S)	LOCATION	CREDIT	AUDIT
	COURSE TITLE	TERM	FROM	TO					

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).