

**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)				<b>NOTE:</b> If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.			
Veteran Benefits: <input type="checkbox"/> 35 Dependent <input type="checkbox"/> Chapter 33 Post 9/11 GI Bill <input type="checkbox"/> Veteran not using benefits				This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.			
Place of Permanent Address (check one) <input type="checkbox"/> Allegheny County (1) <input type="checkbox"/> Out-of-State (5) <input type="checkbox"/> Out-of County				<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <b>categories</b> <input type="checkbox"/> Widowed <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Do you consider yourself to be Hispanic/Latino/Spanish</b> <b>In addition, select one or more of the following racial</b> <b>to describe yourself:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander			

### Payment Must Be Enclosed (if applicable)

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

**Mail**

**To:**

CCAC ~ CHRISTINE MAJEWSKI

BYERS HALL ~ 203

808 RIDGE AVENUE

PITTSBURGH PA 15212

Because CCAC cares about your privacy, we cannot process credit card information by mail. Please visit [ccac.edu](http://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 412-369-3701 BEFORE the first 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

I agree that once I register, I become legally bound by and agree to the terms of 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.



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

The college is subject to provisions 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. Voluntary information used to comply with Federal reporting and has no effect on admission to the college. The college is subject to provisions of and complies with the Family Educational Rights & Privacy Act of 1974. A statement of the college policy can be found in the student handbook and college catalog.

Form Updated 201