

PERSONAL INFORMATION (please print clearly)

Name: _____
Last First (Maiden if applicable) MI

Home Address: _____
Street Address Apt #

City State Zip Code County

Student ID Number (optional) _____
 MD resident past 3 months Yes No
 _____ / _____ / _____
Date of Birth: Month/Day/Year (REQUIRED to process) SSN _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____
 Male Female
Ethnic Group: (check one)
(Colleges and universities are asked by many, including federal and State governments and national surveys to describe the racial and ethnic backgrounds of our students and employees.)
 Are you of Hispanic or Latino Origin? Yes No
 What is your race? Select one or more of the following categories:
 White Native Hawaiian/Other Pacific Island American Indian or Alaska Native
 Asian Black/African American

REGISTRATION INFORMATION (please print clearly)

Course #	Class #/4-digit #	Title	Days	Time	Start Date

 Employer/Organization

I authorize the release of my attendance, grades certificates, and/or copies of earned CEU certificates for the above listed course(s) covered by this contract to the employer/organization identified above.
 By signing, I accept and agree to abide by the policies and regulations of Frederick Community College, including those concerning drug and alcohol abuse, weapons on campus, student conduct, classroom behavior, discrimination, grievance, and other policies and procedures. I understand that not abiding by these policies and procedures will subject me to the penalties stated within. See frederick.edu for student policies and procedures. I furthermore certify that the information provided on this form is correct.

➤ _____ ➤

Student Signature (REQUIRED for processing)

Date

Contract ID#	Reg _____	Date _____
	Finance _____	Date _____