First Class Program Application/Registration Form

Social Security Number (print carefully)
Your Social Security Number will not be used as your identifier number. The College will assign you a separate ID number once your application/registration is processed.

Are you a United States citizen?
☐ Yes ☐ No

If yes, for how long?
Year(s) ___ Month(s) ___

If no, what is your visa status?
☐ Resident Alien
☐ Special Refugee
☐ Other

“Resident Alien” and “Special Refugee” are clearly defined legal categories requiring documentation to support your claim.

Are you a Pennsylvania resident?
☐ Yes ☐ No

Are you a Philadelphia resident?
☐ Yes ☐ No

Are you a high school graduate?
☐ Yes ☐ No

Name of school________________________ Year graduated_____

Did you receive a GED?
☐ Yes ☐ No

What year?________

(Please refer to course listing to complete class selection blocks below.)

CRN   Sec. No.   Subject   Course     Course Title          Credit Hrs.     Time        Days/Date

Tuition:
Philadelphia residents = $153/credit hr.
Other Pennsylvanians = $306/credit hr.
Non-Pennsylvanians = $455/credit hr.

Payment by:
Cash (in person only)
Check/Money Order (in person/mail)
Credit Card (in person/phone/Internet)
E-check (online)

Payment information: 215-751-8135.
Program information: 215-751-8010.
Approval from company-authorized representative:

Company Name ____________________________ Name ________________________________

Title ________________________________ Phone ________________________________

Signature ________________________________

Signature indicates that employee is approved by a sponsor member employer to receive a $441.00 tuition credit for enrollment at the College. If you do not wish to obtain this signature, please provide other proof of employment.

This information, requested voluntarily for statistical purposes only, will be kept confidential.

Male ☐ Female ☐ Date of birth: Mo._____ Day_____ Yr._____  

Race/Ethnic Origin:

Are you Hispanic/Latino? ☐ Yes ☐ No

☐ American Indian/Alaskan Native  ☐ Asian  

☐ Black/African American  ☐ Native Hawaiian/Other Pacific Islander  ☐ White

Affirmative Action Statement

Community College of Philadelphia is committed to the principles of equal employment and equal educational opportunity for all persons without regard to race, color, ancestry, creed, national or ethnic origin, age, sexual orientation/preference, religion, sex, disability or status as a disabled veteran or veteran of the Vietnam Era, in the administration of its educational programs, activities or employment in accordance with applicable federal statutes and regulations. Any questions regarding this statement should be directed to the director, Office of Diversity and Equity, located in Room M2-3; telephone number 215-751-8039.

I affirm that all of the information given by me in this application is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal. I further affirm that all claims regarding my legal residence and status are correct and honestly presented. I have no intention to willfully defraud the College or its sponsoring agencies.

Signature of applicant ________________________________ Date ________________