

COMMUNITY COLLEGE OF PHILADELPHIA  
REGISTRATION APPLICATION FORM for  
CONTINUING EDUCATION and NON-CREDIT COURSES

**STUDENT IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER (Last four digits)**   
If you do not have a SSN, please check here

**DEMOGRAPHIC INFORMATION: (REQUIRED)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Former or Maiden Name, if any: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day    Extension  Telephone: Evening

Email Address \_\_\_\_\_

Check this box if your name, mailing address, phone numbers or email address has changed since you last attended the College.

How did you learn about Community College of Philadelphia? \_\_\_\_\_

**CITIZENSHIP AND RESIDENCY STATUS: (REQUIRED)**

Are you a United States Citizen?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

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

If, "Other" please specify: \_\_\_\_\_

Are you a resident of Pennsylvania?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

Are you a resident of Philadelphia?  Yes  No If yes, how long? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

**STATISTICAL INFORMATION: (OPTIONAL)**

The following information is requested on a voluntary basis for statistical purposes only. It will be kept confidential.

Sex:  Male  Female Date of Birth \_\_\_\_\_ Ethnic Background:  American Indian;  African American/Black

Asian/Pacific Islander;  Spanish Surname/Latino;  White;  Other

**COURSE REGISTRATION for TERM/YEAR 202049 Refer to Course Listing to complete class selection blocks below).**

Select ONE Course	Course Reference No.	Section Number	Subject	Number	Course Title	Time	Days/Dates	Fee
	90812	304	HEAL	B9079	Patient Treatment Clinical Exam	7:45 a.m. – 12:00 p.m.	Friday, Dec. 18, 2020	\$250
	90813	305	HEAL	B9079	Patient Treatment Clinical Exam	12:45 – 5:00 p.m.	Friday, Dec. 18, 2020	\$250
<b>TOTAL FEES:</b>								\$250

Checks/Money Orders should be payable to and mailed to:

**Community College of Philadelphia**  
Cashier's Office – BG - 1  
1700 Spring Garden Street,  
Philadelphia, PA 19130-3991

Credit Card payments can only be made by  
**registering on-line at www.ccp.edu/ptce**

By submitting this form, I confirm my identity as the person completing this application and affirm that all 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: \_\_\_\_\_

**Affirmative Action Policy**

Community College of Philadelphia does not discriminate on the grounds of race, color, national origin, religion, gender, age, disability, sexual preference, or status as a disabled veteran or veteran of the Vietnam Era in the administration of any of its educational programs, activities, or employment in accordance with application Federal statutes and regulations.

**Privacy Policy:** Community College of Philadelphia respects your privacy. Post-secondary institutions that receive funds administered by the Secretary of Education are guided by the Family Educational Rights and Privacy Act of 1974 (as amended).

**FOR OFFICE USE ONLY**

Term/Year	Program Code	Banner Student ID Number	Company Name
Received Date	Processed By	Process Date	Company Code