

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

STUDENT IDENTIFICATION NUMBER

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
	90806	820	HEAL	B9079	Patient Treatment Clinical Exam	7:45 a.m. – 12:00 p.m.	Tuesday, Dec. 15, 2020	\$250
	90807	821	HEAL	B9079	Patient Treatment Clinical Exam	12:45 – 5:00 p.m.	Tuesday, Dec. 15, 2020	\$250
TOTAL FEES:								\$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