

**STUDENT ID NUMBER**

**DEMOGRAPHIC INFORMATION: (REQUIRED)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Former or Maiden Name, if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 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 Ethnic Background:  American Indian;  African American/Black;  Asian/Pacific Islander;  
 Hispanic;  White;  Other

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

Course Reference No.	Section Number	Subject	Number	Course Title	Time	Days/Dates	Fee
90760	941	EDCA	B8076	CDA HYB Pt I SATURDAY Class Meeting	9.00 am- 12.00 pm	10/10/20-12/19/20	\$ 25
							\$
<b>TOTAL CHARGES</b>							<b>\$25</b>

Checks/Money Orders should be payable to and mailed to:  
**Community College of Philadelphia**  
**Attn: Bryan Burns**  
**1700 Spring Garden Street, C1-9**  
**Philadelphia, PA 19130-3991**

**Credit Card payments and e-checks can only be made by registering on-line at www.ccp.edu.**

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  
202049

Program Code

Banner Student ID Number

Company Name  
ECE PDO @ PHMC

Received Date

Processed By

Process Date

Company Code  
PHM

**COPY 1 – ORIGINAL/WHITE (STUDENT RECORDS AND REGISTRATION)**

**COPY 2 – PINK (STUDENT)**

**Revised January 26, 2018**