

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
90759	940	EDCA	B8076	CDA HYB Pt I WEDNESDAY Class Meeting	6.00 pm- 9.00 pm	10/14/20-12/16/20	\$ 25
							\$
TOTAL CHARGES							\$25

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