



NON-CREDIT REGISTRATION FORM

Cecil College
Elkton Station
Registration Office
107 Railroad Avenue
Elkton, MD 21921

College ID# or Student's Social Security Number		Last Name		First Name		Middle Name	
Street				City		State	Zip Code
Home Phone		Work Phone		Cell Phone		Email	

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH _____/_____/_____ month/day/year	ETHNICITY (Check One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	RESIDENCY DECLARATION: (Check One) <input type="checkbox"/> Cecil County (01) <input type="checkbox"/> Kent County (02) <input type="checkbox"/> Harford County (03) <input type="checkbox"/> Maryland County (04) <input type="checkbox"/> Out-of-State (05) Have you been a resident of Cecil County longer than three (3) months? Yes No Have you been a resident of Maryland longer than three (3) months? Yes No
CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident Alien (Submit Proof of Alien Registration Card) _____ <input type="checkbox"/> Type of VISA _____ <input type="checkbox"/> Foreign Country of Citizenship _____		RACE (Select more than one if appropriate.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander This information is used by the U.S. Department of Education and is collected solely for administrative purposes.	

Reg.Code (Office Use Only)	Course Prefix	Course #	Section #	Course Title	Start Date	Times	Tuition	Course Fee	Non-Resident Fee	Other Fees	Total
EX:	VOC	150	01	Real Estate Law and Practice	Sept. 3	7-9 pm	\$95	--	--	--	\$95

I certify that the information on the registration form is accurate and complete, and I acknowledge my responsibility for payment of the charges generated by this registration. I agree to abide by the policies and regulations of Cecil College including those related to drug and alcohol abuse. Cecil College, an equal opportunity, affirmative action employer and educational institution, is committed to diversity. **You will not receive confirmation of your registration. Attend class on the scheduled start date unless otherwise notified.** Contact the Director of Advising at 410-287-6060 for assistance related to a disability.

 Student or Parent/Guardian Signature (if student is under 16 years)

 Date

FORM OF PAYMENT: Payment is due at time of registration.

Check Money Order Cash Payment Plan Financial Aid (List Source) _____

Credit Card: __VISA __MasterCard __Discover

Card No. _____ Exp. Date _____ Signature _____

For course tuition under \$200.00: Out-of-County - \$10.00/Out-of-State - \$20.00. For course tuition \$200.00 and over: Out-of-County - \$25.00/Out-of-State - \$50.00

Office Use Only

Term: __AA __BB Year: _____ Registered by: _____

White: Registration

Yellow: Cashier