ANNE ARUNDEL COMMUNITY COLLEGE
School of Continuing Education and Workforce Development

CEWD REGISTRATION/DROP FORM

FAX: 410-777-4325 | **MAIL**: 101 College Parkway, Attn. ISC - CALT 114, Arnold, MD 21012-1895 | **IN PERSON:** www.aacc.edu/noncredit/person.cfm

STUDENT INFORMATION   (ALL APPLICABLE FIELDS ARE REQUIRED)

AACC ID NUMBER or LAST FOUR DIGITS OF SSN:

STUDENT'S LEGAL **LAST** NAME

STUDENT'S LEGAL **FIRST** NAME (NO NICKNAMES)

MIDDLE INITIAL

HOME STREET ADDRESS

CITY

STATE

ZIP

COUNTY

EMAIL ADDRESS

/ /

☐ F   ☐ M

CELL PHONE   BUSN PHONE

HOME PHONE

BIRTH DATE (MM/DD/YYYY)

GENDER

ETHNICITY/RACE (**OPTIONAL**; SELECT ALL THAT APPLY)
Hispanic or Latino: ☐ YES ☐ NO
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or other Pacific Islander
☐ White

CITIZENSHIP (SELECT ONE)
☐ I am a United States citizen.
☐ I am a permanent alien resident*.
☐ I have a visa*; visa type _____.
*_Original_ documentation must be submitted _in person_ before any registrations can be processed.

RESIDENCY (SELECT ONE)
I HAVE MAINTAINED MY LEGAL DOMICILE...
☐ in Anne Arundel County for at least 3 months.
☐ in Maryland for at least 3 months.
☐ _not_ in the state of Maryland.

ADDITIONAL INFORMATION: MD REAL ESTATE LICENSE #: _____   GRADE: _____   SCHOOL CODE: _____

COURSE INFORMATION   TERM: ☐ FALL   ☐ WINTER   ☐ SPRING   ☐ SUMMER   YEAR: _____   PUB CD: 100

REG/DROP	SECTION ID	TITLE of COURSE	START DATE	DAYS of WK	TIMES	LOCATION	COST
Register	*ABC-123-456*	*Sample Course Title*	*Sept. 28*	*MWF*	*10am - 12:30pm*	*GBTC*	*$$$*

PURSUING A CEWD CERTIFICATE?
ENTER THE **NONCREDIT PROGRAM CODE**
_____

Out-of-county residents add *$10 per class;*
Out-of-state residents add *$25 per class.*

Payment is due at the time of registration.   **TOTAL COST**

STUDENT SIGNATURE   (REQUIRED FOR EACH FORM)

I certify that the information I have given on this form is accurate and complete. By proceeding with this registration I agree to abide by the Academic Integrity Policy and all other college policies as cited in the college catalog.

STUDENT SIGNATURE or **PARENT/GUARDIAN SIGNATURE** (IF STUDENT UNDER 16 YEARS)   DATE
It is understood and agreed by your signature that you are hereby responsible and obligated to pay for the above courses.

The security of all members of the campus community is of vital concern to Anne Arundel Community College. Information concerning campus security and crime statistics is available in the Student Handbook. For copies write: **Anne Arundel Community College, Department of Public Safety, 101 College Parkway, Arnold MD 21012-1895**.

PAYMENT INFORMATION   (NO REFUNDS ARE GIVEN AFTER A CLASS HAS STARTED)

☐ **SEE ENCLOSED CHECK/MONEY ORDER PAYABLE TO AACC** or
☐ **CHARGE MY:** ☐ AMERICAN EXPRESS   ☐ DISCOVER   ☐ MASTERCARD   ☐ VISA

ACCOUNT NUMBER   EXP. (MM/YY)

CARDHOLDER SIGNATURE   DATE