Please print. Complete and return this form with payment (if applicable). No further notice will be provided.

Date of Birth (required for enrollment) MM/DD/YYYY:	

Last Name:	First Name:	Middle Initial:

Street Address:	Apt:

City:	State:	Zip:	County:

Home Phone:			Alternate Phone:		

Email Address:	New Address (X):	

Have you ever served in the Military (circle one)? No – Yes (see below)
Are you a dependent of a Veteran (circle one)? No – Yes (see below)

NOTE: If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.

Veteran Benefits:
☐ 30 Montgomery   ☐ 35 Dependent   ☐ Chapter 33 Post-9/11 GI Bill   ☐ Veteran not using benefits
☐ 1606 Reserve   ☐ Chapter 1607   ☐ Chapter 31

Place of Permanent Address (check one)
☐ Allegheny County (1)
☐ Out-of-State (5)
☐ Out-of County

Payment Must Be Enclosed (if applicable)

Print Phone Number on Check or Money Order (Checks Payable to CCAC)

Mail To: **CCAC – Susan Kennedy**

808 Ridge Avenue – Byers – 202

Pittsburgh, PA 15212-6097

This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.

Marital Status:
☐ Single   ☐ Married
☐ Divorced   ☐ Separated
☐ Widowed

Do you consider yourself to be Hispanic/Latino/Spanish Origin?
☐ Yes   ☐ No

In addition, select one or more of the following racial categories to describe yourself:

Sex:
☐ Male   ☐ Female

☐ American Indian/Alaskan   ☐ Asian
☐ Black or African American   ☐ White or Caucasian
☐ Native Hawaiian or Pacific Islander

Because CCAC cares about your privacy, we cannot process credit card information by mail.
Please visit **ccac.edu**, any CCAC facility, or call 412.369.3701 to register if you prefer to pay by credit card.

Refund Policy
Students not attending the program (course) must notify CCAC in person, by mail or at 412.369.3701 BEFORE the first class day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

Course Number	Semester	Course Title	Course Location	Cost (if applicable)
				$
				$

		Date	
Student Signature (Required for enrollment)			
If sponsored, Authorizing Agency			
& Signature		Date	

LEVEL OF CERTIFICATION/TRAINING (for Public Safety Institute courses only)

☐ FRP   ☐ EMT-P   ☐ FIRE   ☐ DISPATCHER
☐ EMT   ☐ NURSE   ☐ POLICE   ☐ OTHER

Cert #:	Expiration:

If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:
Allegheny – 412.237.4612 • Boyce – 724.325.6604
North – 412.369.3686 • South – 412.469.6207
TTY – 412.369.4110 & 412.469.6005

Form Updated 02.18.2015