



Please include payment with registration form.

Mail to: Registrar's Office
19600 Molalla Avenue
Oregon City, OR 97045

Backdoor Registration Form

Part A: Student Information

**Indicates required field*

| | | | |
|---|-------------------------|---|-------------------------|
| Date of Birth* | | Social Security Number | |
| <i>Note: Your Social Security Number (SSN) is required if you are applying for financial aid. IRS regulations require that you provide your SSN or Tax Identification Number (TIN) so that it may be included on the 1098-T form filed by the college if you are eligible for certain tax credits. The college will use your SSN for keeping records, doing research, aggregate reporting, extending your credit, and collecting debts. Providing your SSN means that you consent to the use of the number in the manner described. Your SSN will not be shared with the general public and, as you will be issued a separate student ID number, you will not be denied any rights as a student if you choose not to provide your SSN (per OAR 589-004-0400).</i> | | | |
| Legal Name* (first/given, middle initial, last/family, suffix) | | | |
| Preferred Name (first/given, last/family) | | | |
| Previous Name (first/given, last/family) | | | |
| Phone | Type (cell, home, work) | Phone | Type (cell, home, work) |
| Mailing Address* (street, city, state, zip) | | | |
| Email Address* | | | |
| <i>Note: CCC will provide you with a student email address that you will be required to use for all official college communications. However, a personal email address that only you have access to is required as a back-up method of electronic communication.</i> | | | |
| Purpose of Study* (select one) | | Educational Goals* (select all that apply) | |
| <input type="checkbox"/> Credit classes for personal/professional interest (Code: NA.CREDIT) | | <input type="checkbox"/> Explore career and educational options | |
| <input type="checkbox"/> Workshops for career enhancement (Code: NA.WORKSHOPS) | | <input type="checkbox"/> Finish high school | |
| <input type="checkbox"/> GED or pre-college classes (Code: NA.ABEGED) | | <input type="checkbox"/> Prepare for GED exam | |
| | | <input type="checkbox"/> Improve reading, writing, or math skills | |
| | | <input type="checkbox"/> Learn English | |
| | | <input type="checkbox"/> Take classes for fun | |
| | | <input type="checkbox"/> Transfer without a degree | |
| | | <input type="checkbox"/> Take job-related or job-required classes | |
| | | <input type="checkbox"/> Other | |

Part B: Course Registration Requests

| Term (e.g. Winter 2018) | CRN (e.g. 284278) | Course Title (e.g. Conflict Resolution) | Credits/CEUs (e.g. 1.6CEU) | Cost (e.g. \$150.00) |
|----------------------------|----------------------|--|-------------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Part C: Signature

Payment is due at the time of registration. By signing this form, you agree to all CCC policies and procedures including financial liability. If you fail to pay on time and CCC refers your account(s) to a third party for collection, a collection fee of up to 25% of the debt or the maximum percentage allowed by applicable law will be added to your balance due. CCC will add these fees to your balance due, and they will be due and owing no earlier than 60 days after the date your payment is due and prior to referring your account to a collection agency. You will be held academically and financially responsible for all classes. Please review the current class schedule for important deadlines.

Signature:

Date:

ENROLLMENT SERVICES USE

Optional Privacy Release

I authorize CCC to release my academic and student account information to: _____

until the following date: _____ . Signature: _____

MM/DD/YYYY

Person/Company Name