



For Office Use Only
CCBC ID _____

Application for Admission

Please print all information clearly. (Use pen only)

Name

Legal Last Name _____ Legal First Name _____ Middle Name _____

Previous Last Name _____ Preferred First Name _____

Address

Number and Street Name _____ (Employer or P.O. Box # may not be used) _____ Apartment Number _____

City/Town _____ State _____ Zip Code _____

Residency Baltimore City Baltimore County Other Maryland County _____

Other State _____ Other Country _____

Email Address _____

Telephone (area code) (____) _____ (____) _____ (____) _____

Home _____ Work _____ Cell _____

Emergency Contact (Child, friend, guardian, parent, relative, spouse/partner, other)

Name _____ Relationship _____ Phone (____) _____

Street Address _____ City/Town _____ State _____ Zip Code _____

This demographic information is requested to comply with IRS and U.S. Department of Education regulations.

Gender Male Female **U.S. Citizen** Yes No **Date of Birth** ____/____/____

Month Day Year

Social Security Number ____ - ____ - ____

Race/Ethnicity Are you of Hispanic or Latino origin? Yes No

What is your race? Select one or more of the following categories:

White Black or African American Asian American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Military Status (if applicable)

Veteran Active duty military Survivor of a Service Member Military Dependent (child or spouse)

Reservist National Guard member No military-connected status

Complete this section only if you are an immigrant or international student.

Country of Citizenship _____ Country of Birth _____

Please indicate your status:

Permanent Resident (Green card) Asylee Refugee

Bring your immigration documents to the Admissions office.

F-1 Visa J-1 Visa or other Visa _____ (write in visa type)

Bring your visa documents to the International Student Services office.

What is your educational background?

- Currently attending middle or high school Grade ___ Expected high school graduation Month _____ Year _____
- High school diploma earned Month _____ Year _____
- GED or External diploma earned Month _____ Year _____ Issuing State _____
- Did not earn high school diploma

Name of middle, high school or home school association _____

City or County _____ State _____ Country (if not U.S.) _____

Have you ever attended college? Yes No (If yes, list any colleges or universities other than CCBC.)

College or University	City, State or County	Year Last Attended	Highest Degree Earned

Did you enroll in credit courses at CCBC before 1999? Yes No

If yes, which campus did you attend? Catonsville Dundalk Essex Year _____

Are you transferring from another college to CCBC to earn a degree or certificate? Yes No

What is your educational goal and Program of Study at CCBC? (Enter Program name and Code number from page 3)

Associate degree _____ Code _____

Transfer pattern _____ Code _____

Certificate _____ Code _____

Personal enrichment (non-degree) (A financial aid recipient may not enroll for Personal Enrichment.)

When do you plan to start classes?

Fall Winter (Jan. session) Spring Summer Year _____

What is your immediate reason for attending CCBC?

- | | |
|--|---|
| <input type="checkbox"/> Explore new career or academic area(s) | <input type="checkbox"/> Prepare for immediate entry into a career |
| <input type="checkbox"/> Update job skills | <input type="checkbox"/> Enroll in an Early College Access program for high school students |
| <input type="checkbox"/> Prepare for transfer to a four-year college | <input type="checkbox"/> Transfer course credits back to a four-year college |

What are your interests?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Student Government | <input type="checkbox"/> Honors | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Athletic Programs |
| <input type="checkbox"/> Newspaper/Publications | <input type="checkbox"/> Clubs and Organizations | <input type="checkbox"/> Volunteer Programs | |
| <input type="checkbox"/> Special programs for the first generation-college student (neither parent has completed a bachelor's degree) | | | |

By signing this application, I accept and agree to abide by all policies and regulations of the Community College of Baltimore County (CCBC) including those concerning drug, alcohol, smoking and tobacco use. I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations. I also understand that policies and fees are subject to review and change by state, county, and college officials. I accept the notification concerning the use of photographs of students taken in CCBC public areas.

I certify that the information on this application is correct. CCBC reserves the right to verify an applicant's information and that any information found to be incomplete or false may be cause for denial of admission or dismissal from the college.

Signature of Applicant _____ Date _____

Mail application and documents to:**Community College of Baltimore County**

Registrar's Office
 Student Services Center, room 015
 7201 Rossville Boulevard
 Baltimore, Maryland 21237

Mail international student applications to:**CCBC Catonsville**

International Student Services
 Student Services Center, room 015
 800 S. Rolling Road
 Baltimore, Maryland 21228

OR

CCBC Essex

International Student Services
 Student Services Center, room 120A
 7201 Rossville Boulevard
 Baltimore, Maryland 21237

**Send your final official high school or college transcript or GED certificate to the Registrar's Office.
 SAT or ACT scores may also be submitted if scores are less than two years old.**

Apply in person:**CCBC Catonsville**

Admissions Office
 Student Services Center, suite 150
 800 South Rolling Road
 Baltimore, Maryland 21228

CCBC Dundalk

Admissions Office
 Student Services Center, room 101F
 7200 Sollers Point Road
 Baltimore, Maryland 21222

CCBC Essex

Admissions Office
 Student Services Center, suite 012
 7201 Rossville Boulevard
 Baltimore, Maryland 21237

CCBC Hunt Valley

11101 McCormick Road
 Hunt Valley, Maryland 21031

CCBC Owings Mills

10300 Grand Central Avenue, 4th floor
 Owings Mills, Maryland 21117

CCBC Randallstown at Liberty Center

3637 Offutt Road
 Randallstown, Maryland 21133

Printable and online versions of this application are available at

www.ccbcmd.edu/apply

Visit www.ccbcmd.edu or call 443-840-CCBC (2222)

Enrollment steps you need to know:

- ***Meet with a member of the Start Smart team in the Admissions Office***
 Learn about assessment and placement testing. If you previously attended college, bring your transcript with you.
- ***Apply for financial aid***
 Complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov. **The CCBC code is 002063.**
- ***Meet with an academic advisor and register early for the best selection of classes***
 Visit **www.ccbcmd.edu/register**. Registration for winter classes begins in October and spring classes in November. Registration for summer classes begins in March and fall classes in April.
- ***Pay for classes***
 Pay your tuition and fees bill online, by mail or at the Bursar's office by the payment deadline date.

When you are a student

CCBC student email is your source for enrollment and financial aid information. Check it frequently for updates.

Student Consumer Information and Notifications

Student Consumer Information with accreditation, Americans with Disability Act Compliance, Equal Opportunity and Affirmative Action, Public Safety and the Notice of Photography in CCBC public areas information is available at **www.ccbcmd.edu/consumer-information**.



Print all information

CCBC ID # _____ Date of Birth _____
Month Date Year

Legal Last Name _____ Legal First Name _____ Preferred First Name _____ MI _____

Residence _____
Street name and number. (Apt. # if applicable.) P.O. Box cannot be used.

City _____ State _____ Zip Code _____

Phone Number (home) () _____ (cell) () _____
(with area code)

(work) () _____ (ext.) _____

E-mail address _____

Status New CCBC student Returning Student Transfer Student

Campus Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown

Term Summer Fall Winter Spring Year

Reason for attending Explore new academic areas Prepare for immediate entry into a career Prepare for transfer to a four-year college
 Update job skills for a current job Personal interest

Goal Associate degree Credit Certificate Personal Enrichment, 052 (Not available for financial aid recipients.)

Program of Study _____ Program Code

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 (Include **S** in the program code if you have not yet been accepted to a Health Professions program.)

(Name of transfer pattern for Program Code 100,170, or 206) _____

CRN	Subj.	Crse. No.	Sec.	Days	Time	Room	Audit	Credit/ Bill. Hrs.	Approved for (Dean or Designee Initials)			
									Prereq	Coreq	Ovld	Repeat
EX. 1234	ACCT	101	D	MWF	8-9 a.m.			3				
Total												

Declaration of Residency I hereby certify that I live, or will have lived in this city or county of the state of Maryland for at least three months before the start of the first day of the semester or session of my enrollment and will be able to substantiate this claim upon request.

Baltimore County Baltimore City Other Maryland County (Name of County) _____ Out-of-State Out-of-Country

Student Responsibility I understand that my failure to attend classes or to provide timely updates of my official CCBC student enrollment records in writing does not relieve me of responsibility for paying tuition and fees.

By signing this form, I certify that all information I have provided is accurate, and I understand submitting false information may be cause for dismissal from the college. I agree to abide by the policies and procedures of the College and the Code of Student Conduct.

Student's Signature _____ Date _____

ESC or RO Date _____ Advisor's/School Designee's Signature _____ Date _____



Early College Access Programs Consent Form

This form must be submitted to the CCBC Admissions Office before registering for classes.

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email _____

Current Grade Level: 9th 10th 11th 12th

Name of High School _____ Year of Graduation _____

CCBC Location: Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown On-Location High School

Academic Year of CCBC Enrollment. _____

As an Early College Access Program student, I understand that:

1. I am responsible for the payment of books, supplies, tuition and fees (if applicable).
2. I am participating in a collegiate experience with a diverse nature and assume responsibility for behavior appropriate to this environment.
3. CCBC courses are articulated with many four-year institutions, and I will meet with an Academic Advisor to discuss the transferability of courses.
4. I am responsible for changes in my class schedule. If I wish to drop/add a class, and I will complete the drop/add process as needed.
5. I have the same rights and responsibilities as any other CCBC student.

To be eligible for participation in the Tuition Free Program, I must meet all of the following criteria:

1. Enrollment in a BCPS High School as a sophomore, junior or senior
2. Overall unweighted grade point average of 2.50
3. Enrollment in credit bearing General Education, Career Pathway or non-credit courses that lead to a certificate or credential at CCBC during the fall and spring semesters.
4. Have not exceeded enrollment in four courses in the Tuition Free Program.

As the parent, guardian or student, I understand that:

1. Full participation of the student in all course activities, including labs and field trips, is expected and permission to do so is granted.
2. Access to student progress records, grades and other information without a written release from the student is limited by federal law.
3. CCBC reserves the right to admit and enroll BCPS dual enrollment students on a case-by-case basis.

I give my permission to CCBC to release information regarding my educational experience to my high school which could include my placement test scores, course registration, grades and attendance records. As a BCPS student, I give permission to release my high school transcript, grade point average, and Free and Reduced Lunch certification to CCBC in accordance with the BCPS/CCBC Memorandum of Understanding (MOU).

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR ADMISSION OFFICE USE ONLY

CCBC ID Number _____

Semester Summer Year _____ Signature _____ Date _____

Semester Fall Year _____ This student is eligible is not eligible for Tuition Free program waiver.

This student is eligible is not eligible for Tuition Free FARMS fee waiver.

Course Numbers(s) _____

Course Enrollments (including current semester) _____ Signature _____ Date _____

Semester Winter Year _____ Signature _____ Date _____

Semester Spring Year _____ This student is eligible is not eligible for Tuition Free program waiver.

This student is eligible is not eligible for Tuition Free FARMS fee waiver.

Course Numbers(s) _____

Course Enrollments (including current semester) _____ Signature _____ Date _____