

Registration Form Non-Credit/CEU Classes

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

Part A: Course Registration Requests

1	CRN (5-digit number)	Course Title
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Part B: Student Information

2 PCC ID Number ("G Number")	Student Status <input type="radio"/> New PCC Student <input type="radio"/> Currently Enrolled at PCC <input type="radio"/> Previously Attended PCC	3 Date of Birth (MM/DD/YYYY)
4 Last Name	Other Names Used	
5 First Name	Middle Initial	6 Gender <input type="radio"/> Male <input type="radio"/> Female
7 Mailing Address	City	State ZIP
8 Email Address		
9 Daytime Phone Number	10 Evening Phone Number	
High School/GED – Name of School/Institution	City	State Year Graduated/Obtained

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Select one or more of the following racial categories to describe yourself <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type __	
Are you an Oregon resident? <input type="radio"/> Yes <input type="radio"/> No	Are you a veteran of the U.S. Military? <input type="radio"/> Yes <input type="radio"/> No

Part C: Registration Confirmation

11 My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I will promise to pay to PCC all reasonable costs for collection, including collection agency fees.	
Signature	Date (MM/DD/YYYY)