

### PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
 Last First (Maiden if applicable) MI

Home Address: \_\_\_\_\_  
 Street Address Apt #

City State Zip Code County

Student ID Number (optional) \_\_\_\_\_

MD resident past 3 months ☐ Yes ☐ No

Date of Birth: Month/Day/Year \_\_\_\_\_ SSN \_\_\_\_\_  
 (REQUIRED to process)

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
 Home Phone Work Phone Cell Phone

Email Address \_\_\_\_\_

☐ Male ☐ Female

Ethnic Group: (check one)  
 (Colleges and universities are asked by many, including federal and State governments and national surveys to describe the racial and ethnic backgrounds of our students and employees.)

Are you of Hispanic or Latino Origin? ☐ Yes ☐ No

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

☐ White ☐ Native Hawaiian/Other Pacific Island ☐ American Indian or Alaska Native

☐ Asian ☐ Black/African American

### REGISTRATION INFORMATION (please print clearly)

#### ONLINE \*

[frederick.edu/QuickEnroll](http://frederick.edu/QuickEnroll)

Sign in or create an account to browse courses, register with a debit or credit card to receive immediate email confirmation.

#### IN PERSON

**Frederick Community College • Conference Center (E-113)**

Complete the section below and visit us to pay by cash, check or money order. A kiosk is available for credit and debit cards.

Course #	4-digit #	Title	Days	Time	Start Date	Tuition	Fees	Out-of-County add \$5/course	Out-of-State add \$10/course	Total

• **Please note:** courses requiring prerequisites and/or program manager approval may not be available for online registration.  
 Please see course details for information and registration guidelines.

**\* One-time registration fee per term**

(July 1 - December 31 or January 1 - June 30)

**Single Term: \$5; Both Terms \$10**

Registration fee/term*	
<b>Total Due</b>	

### Drop A Class (please print clearly)

#### IN PERSON

Frederick Community College  
 Conference Center (E-113)

#### EMAIL

[CERequest@frederick.edu](mailto:CERequest@frederick.edu)

#### PHONE

301.624.2888

#### MAIL

CEWD Registration, Frederick Community College  
 7932 Opossumtown Pike, Frederick, MD 21702

Course #	4-digit #	Title	Days	Time	Start Date	Total

### Reason for Drop

**Refund Policy:** To receive a 100% refund this form must be submitted at least one business day prior to the class start date.

By signing, I understand that without full payment I may not be enrolled and I accept and agree to abide by the policies and regulations of Frederick Community College, including those concerning drug and alcohol abuse, weapons on campus, student conduct, classroom behavior, discrimination, grievance, and other policies and procedures. I understand that not abiding by these policies and procedures will subject me to the penalties stated within. See [frederick.edu](http://frederick.edu) for student policies and procedures. I furthermore certify that the information provided on this form is correct.

Reg	Date
Finance	Date
Check Amt.	Check #

Student signature

(REQUIRED for processing)

Date

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.