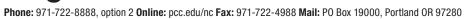
## Registration Form Non-Credit/CEU Classes





Part A: Course Registration Requests														
1	CRN (5-digit number)	Course Title												
	Date of course													
	Hospital													
	Department													
Pai	rt B: Student Inforn	mation	Please Email fo	orm t	o climbhe	ealth(	@pcc	edı.	1					
2	PCC ID Number ("G Number")				v PCC Student () Currently Enrolled at PCC viously Attended PCC				Date of Birth (MM/DD/YYYY)					
4	Last Name						Ot	ther Nai	mes Use	:d				
5 (First Name)						<mark>iitial</mark>	6 Gender ○ Ma		Female					
7	Mailing Address					C <mark>ity</mark>	l			Sta	te ZII	P		
8	Email Address													
9	Daytime Phone Number			1	10 Evening Ph	ione Num	ıber							
Hig	gh School/GED – Name of School/I	Institution			City				State	Year Gradua	ated/Obtained			
PCC is committed to affirmative action goals and would appreciate your response to the following:														
Do	you consider yourself to be Hispan	nic/Latino?	○ Yes ○ No		one or more of the									
Citizen Type U.S. Citizen Resident Alien/Refugee/Immigrant Other, Enter Type					<ul> <li>○ American Indian or Alaska Native</li> <li>○ Asian</li> <li>○ Black or African American</li> <li>○ Native Hawaiian or Pacific Islander</li> <li>○ White</li> </ul>									
Are	e you an Oregon resident?	Yes O No		Are you	Are you a veteran of the U.S. Military?									
Wha	at is your main reason for attendin Take classes for high school credit RH ( Earn credit towards a bachelor's (4-yea Take courses for personal interest RP ( at courses are you mainly interest	☐ Improve writing, ar) degree RT ☐ Lea ☐ Explore education ted in taking? (see	n, reading, or math skills <sup>RI</sup> ○ Lea earn English <sup>RI</sup> ○ Take a ABE/GE onal opportunities at PCC <sup>RE</sup> ○ Un select one)	ED class <sup>RA</sup> ( Undecided <sup>RD</sup>	Complete a certifica	cate or career	er technical p	program	at PCC RC					
0	Personal interest O Professional Intere	est O Continuing	Education (CEU)   English as a	a Second La	nguage (ESL) $\bigcirc$ Adu	ult Basic Ed	ducation (A	∤BE) ○	General E	quivalency Degr	e (GED)	)		
Par	rt C: Registration C	Confirmat	tion											
11	My enrollment with Portland Co If I fail to remit payment when o									enrollment, inc	cluding	financia	ત્રી liability.	
	Signature		Date				Date (MM/DD/YYYY)							