

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
	Date of course	
	Hospital	
	Department	

Part B: Student Information [Please Email form to climbhealth@pcc.edu](mailto:climbhealth@pcc.edu)

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	6 Middle Initial	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
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type _____	<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
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
What is your main reason for attending PCC? (select one)	
<input type="radio"/> Take classes for high school credit ^{RH} <input type="radio"/> Improve writing, reading, or math skills ^{RI} <input type="radio"/> Learn skills to get a job or keep a job ^{RIJ} <input type="radio"/> Explore a new career area ^{RM} <input type="radio"/> Earn credit towards a bachelor's (4-year) degree ^{RT} <input type="radio"/> Learn English ^{RL} <input type="radio"/> Take a ABE/GED class ^{RA} <input type="radio"/> Complete a certificate or career technical program at PCC ^{RC} <input type="radio"/> Take courses for personal interest ^{RP} <input type="radio"/> Explore educational opportunities at PCC ^{RE} <input type="radio"/> Undecided RD	
What courses are you mainly interested in taking? (select one)	
<input type="radio"/> Personal interest <input type="radio"/> Professional Interest <input type="radio"/> Continuing Education (CEU) <input type="radio"/> English as a Second Language (ESL) <input type="radio"/> Adult Basic Education (ABE) <input type="radio"/> General Equivalency Degree (GED)	

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)