

Workforce Development Center Application/Registration Form

Please print legibly & use black or blue ink

Semester 26/SP



Last Name		First Name		Middle Name
Home Address				Apt. #
City	State	Zip Code	County (i.e. Hamilton)	
Area Code	Home Phone Number	Area Code	Business Phone Number	Social Security Number

How did you hear about this training? _____

Are you a resident of Ohio? ? Yes ? No If yes, how long? _____ Years _____ Months E-mail address: _____

If you do not live in Ohio, which state do you live in? _____ County _____ How long? _____ Years _____ Months

Are you a US citizen? ? Yes ? No If you are not a US Citizen, please complete the following: Country of citizenship: _____

Type of Visa: _____ Immigration/VISA status: _____ Are you applying for resident alien status? ? Yes ? No

Are you a resident alien? ? No ? Yes, Card# _____ Have you been issued an Employment Authorization Card? ? No ? Yes, Card # _____

If you have special circumstances (political asylum or refugee status) differing from a "Permanent Resident Card" or Visa, please explain: _____

Date of Birth: (mm) _____ (dd) _____ (yy) _____ Marital Status: ? Married ? Single ? Divorced ? Widow(er) Add you to our mailing list? ? Yes ? No

Selective Service Number (ages 18 – 26) _____ You can register and/or obtain your number by going to www.sss.gov

Your Social Security number is required and is used only for the Ohio Board of Regents and Internal Revenue Service Reporting.
Your Selective Service number is required and is used only in collecting government subsidy for the College.

Have you ever attended Cincinnati State Technical and Community College before? ? Yes ? No If yes, when? _____

If you are a new student (first time filling out this form), please complete the information in the box below.

The information in this box is required in order that we may demonstrate this institution's compliance with Title VI of the 1964 Civil Rights Act. This information is protected under the Federal Privacy Act. If you choose not to respond please initial here. _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other	
Educational Goal: <input type="checkbox"/> Professional Development <input type="checkbox"/> Career Exploration <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Associate Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree for transfer	
<input type="checkbox"/> Knowledge for personal interest <input type="checkbox"/> Training for a new career by taking only selected courses	

Department Dept. Code	Course Course Number	Course Section	Course Name	Credit Hours	Starting Date	Ending Date
ECE	111 & 112	PAA	CDA Topics 1 & 2	8	1/12/26	5/2/26

• The student acknowledges, by submitting this form to conduct registration activity to the College, responsibility for the timely payment of tuition and all other charges incurred while at the college. • By submitting this form to conduct registration activity, the student also agrees that if the student becomes delinquent in the payment of such charges and tuition, the student will also pay the costs of collection (up to 50% of the delinquent account) when assigned to a collection agency. • The student acknowledges that an outstanding balance owed to the College and/or academic probation, suspension or dismissal will suspend registration.

Student Signature _____ Date _____

Registration will not be processed without your signature

Payment Information – Please complete if your company or some other agency will be paying your tuition, otherwise you are responsible for all tuition and/or related course fees.

To Pay by Credit Card: Please call our Client Management Specialists at 513-569-1643 with your credit card information

Company: _____ Phone #: _____ - _____ - _____

P/O # or Check #: _____

Company Address City, State, Zip Code _____

Contact Person: _____ Signature: _____

Complete this form and mail to: **Cincinnati State Technical and Community College**
Workforce Development Center, 10100 Reading Road, Cincinnati, OH 45241
Phone: (513) 569-1643
Fax: (513) 569-1801