Workforce Development Center Application/Registration Form Please print legibly & use black or blue ink

Semester 26/SP



·	Last Name			First Name				Middle Name		
Are you a resident of Ohio?? Yes? No. If yes, how long? Years Months E-mail address:	Home Address							Apt.#		
Are you a readent of Chice? Yes? No If yes, how long?	City		Sta	ate	Zip Co	de		• `	•	
Are you a readent of Chice? Yes? No If yes, how long?	Area Code Hom	ne Phone Number		Area Code Busi	ness Phone Number		Social Securit	 y Number	·	
If you do not live in Ohio, which state do you live in? County How long? Years Month Are you a US citizen? Yes? No if you are not a US Citizen, please complete the following: Country of citizenship: Are you applying for resident alien status?? Yes? No if you are not a US Citizen, please complete the following: Country of citizenship: Are you applying for resident alien status?? Yes? No if you are not a US Citizen, please complete the following: Country of citizenship: Are you applying for resident alien status?? Yes? No 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 Statective Service Number (ages 18 – 26) You social Security number or agrained and is used only for the Ohio Board of Regents and Internal Reviews Service Reporting: Your Social Security number or agrained and is used only for the Ohio Board of Regents and Internal Reviews Service Reporting: Your social Security number or agrained and is used only for the Ohio Board of Regents and Internal Reviews Service Reporting: Your social Security number or agrained and is used only in coloring government subsidy for the College. Have you ever attended Cincinnal Stata 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 is compliance with Title VI of the 1984 Civil Rights Act. This information is protected under the Federal Phracy Act. If you choose not to respond please initial here. Department Course Professional Development - Career Exploration Development - Career E	How did you hear a	bout this training?								
Are you a US citizen?? Yes? Not if you are not a US citizen, please complete the following: Country of citizenship: Type of Visa:	Are you a resident of	of Ohio?? Yes? No	If yes, how long?	Years	Months	E-mail address	:			
Are you a US citizen?? Yes? Not if you are not a US citizen, please complete the following: Country of citizenship: Type of Visa:	If you do not live in	Ohio, which state do	you live in?		County		How long	? Ye	ars Months	
Are you a resident alien?? No? Yes, Card#										
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 <a href="https://www.sss.gu</td><td>Type of Visa:</td><td></td><td>Immig</td><td>ration/VISA status</td><td>:</td><td></td><td>_ Are you applying</td><td>for resident alie</td><td>n status?? Yes? No</td></tr><tr><td>Date of Birth: (mm)</td><td>Are you a resident a</td><td>alien? ? No ? Yes, C</td><td>ard#</td><td> Have</td><td>you been issued an Emp</td><td>loyment Authorizati</td><td>on Card? ? No ? Y</td><td>es, Card #</td><td></td></tr><tr><td>Selective Service Number (ages 18 – 26) You can register and/or obtain your number by going to www.sss.gr. Your Social Security number is required and is used only for the Chilo Board of Regents and Internal Revenue Service Reporting. Your Selective Service number is required and is used only for the Chilo Board of Regents and Internal Revenue Service Reporting. Your Social Security number is required and is used only for the Chilo Board of Regents and Internal Revenue Service Reporting. Your Social Security number is required and is used only in collecting government subsidy for the College. Have you ever attended Cincinnatis 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: □ Fernale □ Male Race: □ African American/Black □ American Indian/Alaskan Native □ Hispanic □ Caucasian/White □ Asian or Pacific Islander □ Other Educational Goal: □ Professional Development □ Career Exploration □ Personal Enrichment □ Associate Degree □ Certificate □ Associate Degree for transfer □ Knowledge for personal interest □ Training for a new career by taking only selected courses Department □ Course □ Co</td><td>If you have special</td><td>circumstances (politic</td><td>cal asylum or refuge</td><td>e status) differing fi</td><td>rom a " permanent="" re<="" td=""><td>sident Card" or V</td><td>/isa, please explai</td><td>n:</td><td></td>	sident Card" or V	/isa, please explai	n:							
Gender: Gender: Gender: Associate Degree Associate Degree Other Educational Goal: Professional Development Career Exploration Personal Enrichment Associate Degree Certificate Associate Degree for transfer Knowledge for personal interest Training for a new career by taking only selected courses Department Course Course Course Course Section Name	Selective Service N Your Social Security ny Your Selective Service Have you ever atter If you are a new stu The information in	lumber (ages 18 – 26 umber is required and is number is required and number is required and number is required state udent (first time filling number 18 – 26	used only for the Ohio E is used only in collecting Technical and Com out this form), please in order that we may	Soard of Regents and g government subsidy munity College before complete the info	Internal Revenue Service for the College. Fore?? Yes? No If your mation in the box be institution's compliance.	You e Reporting. es, when?	can register and/or ot	otain your number l	oy going to <u>www.sss.go</u>	
Dept. Code Course Number 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 incurre 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 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 #: Company Address City, State, Zip Code Company Address City, State, Zip Code	Gender: 🗖 Fema	le □ Male Race: : □ Professional De	□African American/levelopment □ Care	Black □American eer Exploration □ l	Indian/Alaskan Nativ Personal Enrichment	e □ Hispanic □ □ Associate De	egree 🚨 Certifica			
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 incurre 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								•		
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related course fees. To Pay by Credit Card: Please call our Client Management Specialists at 513-569-1643 with your credit card information Company:	while at the college and tuition, the stud outstanding balance Student Signature _	. • By submitting this dent will also pay the dent will also pay the denoted to the College	form to conduct regis costs of collection (u a and/or academic pr	stration activity, the p to 50% of the de cobation, suspensio	e student also agrees linquent account) whe	that if the studen en assigned to a	t becomes delinqu collection agency. n.	ent in the paym The student a	ent of such charges cknowledges that an	
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Company Address City, State, Zip Code	Company:					Phone #	:			
	P/O # or Check #:									
Contact Person: Signature:	Company Address	City, State, Zip Code								
	Contact Person: _				Signa	ature:				

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