MONTGOMERY COLLEGE ~ WORKFORCE DEVELOPMENT & CONTINUING EDUCATION

www.montgomerycollege.edu/wdce

ACET Applicant Evaluation Registration Form

All information is required. Incomplete forms will be returned to the student unprocessed. For registration assistance and information on course content call Debra Poese, Director of School of Education at 240-567-7269.

Submit this form with all your ACET application materials to the School of Education.

College ID Number: M 2 ☐☐☐☐☐☐☐☐ **Birthdate** ☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year) **Sex** ☐ Female ☐ Male

(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)

Name Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First ☐☐☐☐☐☐☐☐☐☐☐☐ Middle ☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.) **Apt. #**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **City** ☐☐ **State** ☐☐☐☐☐-☐☐☐☐ **Zip**

Home Phone ☐☐☐☐☐☐☐☐☐☐ **Fax** ☐☐☐☐☐☐☐☐☐☐

Work Phone ☐☐☐☐☐☐☐☐☐☐ **E-Mail** _____

(Provide e-mail address only if you wish to receive notification of future offerings.)

Is this a new address? ☐ Yes ☐ No **Have you attended MC before?** ☐ Yes ☐ No

Is your employer paying for your course(s)? ☐ Yes ☐ No **If yes, employer name:** _____

Military: If the military is paying for your course(s), you must submit the last 4 digits of your SSN. ☐☐☐☐

Social Security #, non-military students. If you intend to claim your tuition and fee costs on your income tax, you must submit your full SSN. ☐☐☐ - ☐☐ - ☐☐☐☐

ETHNICITY: Choose one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)
❑ Not Hispanic or Latino ❑ Hispanic or Latino ❑ None

RACE: Choose all that apply, you may choose more than one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)
❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian and other Pacific Islander ❑ White

STUDENTS WITH DISABILITIES
If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-1819 (TTY 240-567-7931) at least three weeks before class begins.

☐ U.S. Citizen ☐ Permanent Resident (Green Card/Working Card) ☐ Other Immigration Status _____ (Citizen status used for tuition-setting purposes only.)
International Students: Are you planning to request an I-20 from Montgomery College? ☐ Yes ☐ No

CHECK ALL THAT APPLY:
____I have been a Maryland resident [as defined in the *Montgomery College Catalog*] for at least three months.
____I consider Maryland to be my permanent place of abode, where my possessions are maintained and where I intend to remain indefinitely.
____I am 60 years of age or older. (Applicable to designated tuition waiver courses for Maryland residents only.)
____I am a Maryland National Guard member enlisted for at least a 24 month period and submitting proof of such from the adjutant general's office. (50 percent tuition waiver applicable to designated tuition waiver courses.)

CRN #	Course #	Course Title	Begin Date	Tuition	Course Fee	Non-Md. Resid. Fee	Course Total
26668	PRD025	ACET Application Evaluation	8/29/11	$50			$50
CODE: AC						Total Due	$50

Students registering for a course or program at least one week prior to the starting date will receive a mailed registration acknowledgement along with a parking permit.

I certify that the information on this registration is correct and complete. I am aware of and will adhere to College policies as published in the Student Handbook.

_____
Student Signature Required Date

Important Notice: I understand that non-attendance and/or failure to file all registration changes in writing with the Admissions and Records Office does not relieve me of responsibility for tuition and fee charges incurred. I agree to abide by the policies and procedures of the College, including without limitation, the Student Code of Conduct. I hold the College harmless for any errors I have made that may affect a request for a subsequent refund or academic appeal.

Please indicate payment by:
____Check (payable to Montgomery College)
____ MasterCard ____VISA
____ American Express ____ Discover
Expiration Date on Card: ☐☐/☐☐ (m m / y y)
3 or 4 digit Security code on back of card: ☐☐☐☐

Credit Card Information:
Name on Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Your Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(If different from name on card)
Cardholder Signature Required _____

Montgomery College is an Equal Opportunity Affirmative Action Title IX institution.