Print Clearly

MONTGOMERY COLLEGE • CLEP • REGISTRATION FORM
WORKFORCE DEVELOPMENT & CONTINUING EDUCATION
www.montgomerycollege.edu/wdce

Provide 2 forms WITH payment
1. MC registration form. Payment: a) Attach $25 check OR b) authorize credit card payment on this form.
2. CLEP registration form. Payment: b) Attach $72 check OR b) pay $72 by credit card on day of test (bring credit card)

Submit registration AND payment one of 3 ways
1. By mail: Montgomery College, CLEP, 12 S. Summit Ave., Room 443, Gaithersburg, MD 20877
2. By fax, only if paying by credit card: 240-567-1877
3. In person: Montgomery College, Customer Service, 12 S. Summit Ave., Suite 400, Gaithersburg, MD 20877

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** ______

(Please print clearly as confirmation will be sent via e-mail.)

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 MC, but is required by the U.S. Dept. of Education.)
❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian and other Pacific Islander ❑ White

STUDENTS WITH DISABILITIES
If you would like to request special accommodations for the CLEP exam, contact the Office of Extended Learning Services (phone at 240-567-7872 or e-mail at clep@montgomerycollege.edu) at least three weeks prior to your preferred test date.

☐ 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 (If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

____I have been a Maryland resident [as defined in the *Montgomery College Catalog*] for at least three months and live in ______County.

____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	Date	Course Fee	Total
For Office Use Only	TST001	"CLEP Administration fee"		$25	$25*

* Students taking an optional essay will owe MC an additional $10 fee.

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 _____ Discover : **Exp. Date** ☐☐/☐☐ (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 ______

6/23/09

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