_____ Card #

Driver's License Number _____

*Motorcycle License Number _____

MONTGOMERY COLLEGE • REGISTRATION FORM
WORKFORCE DEVELOPMENT & CONTINUING EDUCATION

www.montgomerycollege.edu/wdce

Please Print Clearly

All information is required. Incomplete forms will be returned to the student unprocessed.
For registration assistance and information on course content call 240-567-5188.

FAX completed registration form with credit card information to 240-567-7860 or 240-567-1877.
Mail completed registration form with payment to 51 Mannakee Street, CC 220, Rockville, MD 20850

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 ☐☐☐☐☐-☐☐☐☐

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

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

Work Phone ☐☐☐☐☐☐☐☐☐☐ **E-Mail** _____
(Provide e-mail address only if you wish to receive notification of future offerings.)

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 240-567-7920 (TTY 240-567-7931) at least three weeks before class begins.

☐ U.S. Citizen ☐ Permanent Resident ☐ 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.)

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.)

Social Security # is no longer required. However, if you intend to claim your tuition and fee costs on your income tax, you must submit your SSN. ☐☐☐-☐☐-☐☐☐☐

CRN #	Course	Course Title	Begin Date	Tuition	Course Fee	Non-Md. Resid. Fee	Course Total
	SFT025	Beginner's Motorcycle Safety					$
	SFT030	Alternate Beginner's Motorcycle II					$
	SFT031	*Experienced Rider Course					$
						Total Due	$

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.

I, the undersigned, release my name and date of birth to the Maryland Department of Motor Vehicles so that my enrollment in the Motorcycle Training Program at Montgomery College is properly recorded in Department of Motor Vehicles records.

_____
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 : **Exp. Date** ☐☐/☐☐

_____VISA : **Exp. Date** ☐☐/☐☐

_____Discover : **Exp. Date** ☐☐/☐☐ (m m / y y)

Credit Card Information:

Name on Card _____

Card Number ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Your Name _____
(If different from name on card)

Cardholder Signature Required _____

5/2/08

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