MONTGOMERY COLLEGE • AP INSTITUTE 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.

FA X completed registration form with credit card information to 240-567-7860, 240-567-1877, or 240-567-4225.
Mail completed registration form with payment to 51 Mannakee Street, CC 220, Rockville, MD 20850

College ID Number: M 2 _____ **Birthdate** ___ - ___ - _____ **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.)

Month Day Year

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 Pacif c Islander ☐White

STUDENTS WITH DISABILITIES
If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-1819 (TTY 2400-567-7931) 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 (If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

____I have been a Maryland resident [as def ned 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 indef nitely.

____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 off ce. (50 percent tuition waiver applicable to designated tuition waiver courses.)

Circle the CRN for the class(es) you wish to attend:

CRN #	Course	Course Title	Begin Date	Tuition	Course Fee	Non-Md. Resid. Fee	Course Total
42080	MGT013	AP Institute—English Literature	6/20	$410	$169	$250	$
42079	MGT016	AP Institute—World History	6/20	$410	$169	$250	$
42083	MGT010	AP Inst.—Eng. Language/Composition	6/27	$410	$169	$250	$
42081	MGT290	AP Institute—Computer Science A	6/20	$410	$169	$250	$
42082	MGT015	AP Institute- US History	6/20	$410	$169	$250	$
CODE: AF					**Total Due**		$

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 _____

Cardholder Signature Required _____