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** ☐☐-☐☐-☐☐☐☐ (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 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 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.)

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
48149	MGT013	AP Institute—English Literature	6/22	$410	$105	$250	$
48150	MGT016	AP Institute—World History	6/22	$410	$105	$250	$
48151	MGT010	AP Inst.—Eng. Language/Composition	6/22	$410	$105	$250	$
17495	MGT290	AP Institute—Computer Science A	6/29	$410	$105	$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 _____ 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 ______

Cardholder Signature Required ______

5/14/09