Montgomery College
Workforce Development & Continuing Education
240-567-5188

Registration Form

MAIL FORM TO:
MONTGOMERY COLLEGE
WORKFORCE DEVELOPMENT & CONTINUING EDUCATION, CC220
51 Mannakee Street
Rockville, MD 20850

COLLEGE ID NUMBER: M 2 _____ **BIRTHDATE:** __ __ - __ __ - __ __ __ __
(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.)
(MO) (DAY) (YR)

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 _____ - _____ **Male / Female**

PHONE: ( ) _____ (Home) ( ) _____ (Work) _____ E-Mail Address

____ I have been a Maryland resident (as defined in the *Montgomery College Catalog*) for at least three months and 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.)

____ U.S. Citizen ____ Permanent Resident Other immigration status: _____ *(Citizen status used for tuition-setting purposes only.)*

International Students: Are you planning to request a student Visa? __Yes __ No
(If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

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

CRN #	COURSE	COURSE TITLE	BEGIN DATE	TUITION	FEE	NON-MD. RESID. FEE	Total
							$
							$
							$
						Total for all classes	$

Please indicate payment by: _____Check _____VISA_____MasterCard _____Discover
(Please make check payable to Montgomery College)
Expiration Date of Credit Card __ __ / __ __

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

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's Signature Required Date

CODE: IL

5/2/08

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