Date\_

	TRATIO	N FORM nent & Continuing Education	Please Print (	Clearly		<b>) Se</b>
All info	FAX com	uired. Incomplete forms will be returne pleted registration form with credit car	d information to 240-567	-7860 or 240-567-1877 or	240-567-7937.	
College ID Nu		d registration form with payment to WD	Birthdate			emale 🗆 Male
			Month	Day Year		
Last Name			First Name			Middle Initial
Address						
House	# and Street Name	(Do NOT use P.O. Box or you will be charged Non-N	Ad. resident fee.)		Apt	 L.# 
City			State	Zip		
Home Phone		Work Phone				
Fax		E-Mail				
Have you attended MC before? Yes No If you have ever taken a credit class at MC and the last class (credit or non-credit) you took at MC was more than 4 years ago, you must also complete and submit a Student Reactivation form found at: http://www.montgomerycollege.edu/studentforms.						
How did you hear about us?  Received brochure in mail  Website  Social media  Advertisement  On campus  Other						
Military: If the military is paying for your course(s), you must submit the last 4 digits of your SSN. STUDENTS WITH DISABILITIES If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-4118 at least three weeks before class begins.						
	oose one. (Disclos	sure not mandatory by Montgomery College, but	0	tment of Education.)		
RACE: Choose		may choose more than one. (Disclosure not ma			Department of Educat White	tion.)
U.S. Citizen	□Permanent	Resident (Circle one: Green Card / Work	ing Card) Other Immig	gration Status	_ (Used for tuition-sett	ing purposes only.)
CHECK ALL TH		t [as defined in the Montgomery College Catalo	g] for at least three months.			
I am 60 years	s of age or older. (A	Applicable to designated tuition waiver courses f d member enlisted for at least a 24 month period	for Maryland residents only.)	from the adjutant general's offi	ce.	
CRN #	Course #	Course Title	Start Date	Tuition Course Fe	e Non-Md. Fee	Course Total
35604	PRD 025	ACET Application Evaluation	2/1/2019	60.00		60.00
Code: ACE	T	Refunds will go to the reg	gistered student of record	d.	Total Due	\$ 60.00
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 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 and any payment liabilities. I hold the College harmless for any errors I have made that may affect a request for a subsequent refund or academic appeal.						
Student Signa	ture Required		Date			
Please indica	te payment by:	<b>Check</b> (payable to Montgomery C	college) Credit card	I: □MasterCard □VIS	A Discover	
Credit Card Information: Expiration date on card 3 or 4 digit Security code on your card						
			Month / Year			
NOTE: Credit card information will		Credit Card Number				
be detached an of promptly and after payment is	1 properly	Name on Card				
		Card holder				

signature required \_

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