# REGISTRATION FORM
## Workforce Development & Continuing Education

*Please Print Clearly*

MONTGOMERY COLLEGE

**All information is required. Incomplete forms will be returned to the student unprocessed. For registration assistance call 240-567-5188.**
**FAX completed registration form with credit card information to 240-567-1877 or 240-567-5615 or 204-567-7937.**
**Mail completed registration form with payment to WD&CE Registration, 51 Mannakee Street, CC 220, Rockville, MD 20850.**

**College ID Number:** M 2 ☐☐☐☐☐☐☐ **Birthdate** ☐☐ - ☐☐ - ☐☐☐☐ (Month / Day / Year) **Sex** ☐**Female** ☐**Male**

**Last Name** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **First Name** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Middle Initial** ☐

**Address** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Apt. #** ☐☐☐☐

**House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.)**

**City** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip** ☐☐☐☐☐ - ☐☐☐☐

**Home Phone** ☐☐☐☐☐☐☐☐☐☐ **Work Phone** ☐☐☐☐☐☐☐☐☐☐

**Cell** ☐☐☐☐☐☐☐☐☐☐ **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.

**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

**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

☐U.S. Citizen ☐Permanent Resident **(Circle one: Green Card / Working Card)** ☐Other Immigration Status _____ *(Used for tuition-setting purposes only.)*

**CHECK ALL THAT APPLY:**
☐I have been a Maryland resident [as defined in the *Montgomery College Catalog*] for at least three months.
☐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.

| CRN # | Course # | Course Title | Start Date | Tuition | Course Fee | Non-Md. Fee | Course Total |
|---|---|---|---|---|---|---|---|
| 35287 | PRD025 | ACET Applicant Evaluation | 2/1/2021 | 0 | $60 | 0 | $60 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Code: GT | ***Refunds will go to the registered student of record.*** | | | | | 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 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 Signature Required Date

**Please indicate payment by:** ☐**Check** (payable to Montgomery College) **Credit card:** ☐MasterCard ☐VISA ☐Discover

**Credit Card Information:** Expiration date on card ☐☐ / ☐☐ (Month / Year) 3 or 4 digit Security code on your card ☐☐☐☐

***NOTE:***
***Credit card information will be detached and disposed of promptly and properly after payment is approved.***

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**Card holder signature required** _____ **Date**_____

2/21/17

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