<b>REGISTRATION FORM</b> Workforce Development & Continuing Education	Please Print Clearly		MONTGOMERY COLLEGE						
Customized	<b>Contract Training</b>	g							
Montgomery College welcomes your participation in this customi	ized training course. We use the informat	tion on this	form to create and maintain						
your official transcript, a valuable career asset. Your name and information will be stored in our secured student database.									
Student information is	not sold to commercial organizations.								

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Last Nar	ne											Fi	rst	Nan	ne						ay										Mic	Idle	Init	tial
Address																												]						
City	House # and	Street Na	me (Do	NOT	use P.	.O. Box	or yo	ou will	be ch	arged	Non-	-Md. r	resid	lent fe	e.)	5	State	ə [					Zip							-	pt. #			
Home Phone									V	Nork Phon	e 🗌																							
Cell Phone									E	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.																																		
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.)																																		
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U.S. Citizen Permanent Resident (Check one Green Card Working Card) Other Immigration Status (Used for tuition-setting purposes only										only																								
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CRN	# (	Course a	#											(	Cour	se	Title	)														Sta	rt D	ate
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For third party tuition: I authorize the release of addresses, grades, and attendance reports to my sponsor or employer. I certify that the information on this registration is correct and complete.

Student Signature Required	[	Date								
	For Office	Use Only								
Received Date:	Code ZZ	Company	Contract Code							

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