

Customized Contract Training

Montgomery College welcomes your participation in this customized training course. As a State institution, we use the information 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.

College ID No.:

M	2						
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 Birthdate (Pls Fill-up):

		-			-				
Month			Day			Year			

 Sex: ☐ F ☐ M

Last Name

First Name

Middle Initial

[illegible]

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

Home Phone									Work Phone								
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[illegible]

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

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.

Signature of Student Required

Date _____

For Office Use Only

Received Date:	Code ZZ	Company	Contract Code
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