

Please Print Clearly



Mail completed registration form with payment to WDCE Registration, 51 Mannakee Street, CC 220, Rockville, MD 20850.

College ID Number:										M	2									Birthdate						-			-					Sex		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Last Name										First Name										Middle Initial																	
Address																																					
House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.)																				Apt. #																	
City																				State				Zip													
Home Phone																				Work Phone																	
Cell																				E-Mail																	

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>.

Have you attended MC before? ☐Yes ☐No

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
Code: GT	<i>Refunds will go to the registered student of record.</i>					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: Credit Card Number

Expiration date on card

Month / Year

3 or 4 digit Security code on your card

Name on Card

**Card holder
signature required**

Date _____

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