

# REGISTRATION FORM

## Workforce Development and Continuing Education

Please Print Clearly



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 240-683-6945  
Mail completed registration form with payment to WDCE Registration, 51 Mannakee Street, CC 220, Rockville, MD 20850.

College ID Number:

Birthdate:   -   -

Sex  Female  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:

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
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: Credit Card Number

Expiration date on card: Month / Year   /

3 or 4 digit Security code on your card

If you are emailing this form, do not include your credit card number. Pay online using your MyMC account.

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

Name on Card

Card holder signature required \_\_\_\_\_ Date \_\_\_\_\_