

CUSTOMIZED CONTRACT TRAINING REGISTRATION FORM

Workforce Development and Continuing Education

Please Print Clearly



Montgomery College welcomes your participation in this customized training course. 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 Number:	M 2	Birthdate	-	Sex	☐ Female ☐ Male
		Month	Day	Year	
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.)

CRN #	Course #	Course Title	Start Date	Tuition	Course Fee	Non-Md. Fee	Course Total

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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