CUSTOMIZED CONTRACT TRAINING REGISTRATION FORM

Workforce Development and Continuing Education *Please Print Clearly*

MONTGOMERY COLLEGE

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** ☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year) **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 mai l ☐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: