

*Please Print Clearly*



FAX completed registration form with credit card information to 240-683-6945

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

[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.

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## 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	<b><i>Refunds will go to the registered student of record.</i></b>					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.

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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

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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.