REGISTRATION FORM

Workforce Development and Continuing Education



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: Montgomery College, WDCE Registration, 51 Mannakee Street CC 220, Rockville, MD 20850.

College ID Number: Birthdate Sex □Female □Male 2 M Middle Initial **Last Name** First Name Address Apt. # House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.) City State 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 Have you attended MC before? ☐ Yes ☐ No complete and submit a Student Reactivation form found at: http://www.montgomerycollege.edu/studentforms. How did you hear about us? ☐ Received brochure in mai I ☐Social media □Advertisement ☐On campus MILITARY: If the military is paying STUDENTS WITH DISABILITIES for your course(s), you must submit If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-4118 at the last 4 digits of your SSN. 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.) ☐ Black or African American ☐ Native Hawaiian and other Pacific Islander □White ☐ American Indian or Alaskan Native □Asian ☐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.) 🔲 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 Ś 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. Date Student Signature Required Credit card: ☐MasterCard □VISA Please indicate payment by:

Check (payable to Montgomery College) □Discover Credit Card Information: Credit Card Number Expiration date on card 3 or 4 digit Security code on your card NOTE: Credit card information will Month Year be detached and disposed of promptly and properly after Name on Card payment is approved. Card holder signature required Date