REGISTRATION FORM
Workforce Development and Continuing Education

Please Print Clearly

MONTGOMERY COLLEGE

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: 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.)
☐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

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**_____

5/10/2020

Montgomery College is an Equal Opportunity Affirmative Action Title IX institution.