REGISTRATION FORM

Workforce Development and Continuing Education



Date

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 240-567-1877.

Mail completed registration form with payment to WDCE Registration, 51 Mannakee Street, CC 220, Rockville, MD 20850. **College ID Number: Birthdate** Sex □Female □Male 2 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 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