



Student ID: _____

Signature

I certify that the information I provide here is accurate:

Applicant Signature

Date

☐ I received copies of the "Grievance Procedures" and "Veteran's Priority of Service" policies.

Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

Email: _____

Personal Information

Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list country of citizenship and registration number: _____
Race/Ethnicity (check all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
Social Security #: _____		DOB: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Educational and Employment Information

Highest Level of Education Attainment (select one): <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree				
Please identify the program of study you are currently enrolled in (select one): <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Non-credit program <input type="checkbox"/> Other			<input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student	Do you have, or are you eligible for, a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving benefits under the Trade Adjustment Assistance program: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If, yes:	_____ Employer Name	_____ Hours per week	_____ Salary	_____ Start Date
_____ Work Phone				
If Employed: are you Underemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Underemployed, Reason(s): <input type="checkbox"/> Working part-time <input type="checkbox"/> My earnings are less than \$19.96/hr with benefits or \$21.78/hr without benefits <input type="checkbox"/> Working full-time, but duties and/or salary are not commensurate with my skill level <input type="checkbox"/> Working full-time, but duties and/or salary are not commensurate with my educational level		

Veteran Status

☐ I am not a veteran ☐ I am the spouse of a veteran

☐ I AM a veteran

Branch of Service

Date of Discharge

Type of Discharge

Customized Contract Training

Montgomery College welcomes your participation in this customized training course. As a State institution, 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		-		-			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
		Month	Day		Year				
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			
Fax						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 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.

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.

		ALL CLASSES MEET AT THE GAITHERSBURG TRAINING CENTER ROOM 440 – 441	
CRN #	Course #	Course Title	Start Date –End Date
44723	APG007	Cyber Security Bootcamp – Meets M-F (9:00am – 5:00pm)	7/4/18-7/15/18

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
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