REGISTRATION FORM
Workforce Development & Continuing Education

Please Print Clearly

MONTGOMERY COLLEGE

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 _____ If you do not have a college ID, one will be assigned

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 _____

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. **X X X X**

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
27105	**BIT105**	**Pharmaceutical Operations**	**12/9/2017**

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

8/29/16