REGISTRATION FORM

Workforce Development & Continuing Education



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 Bi | | | | | | | | | | Birthd | late | Mo | nth |]-[| Dar | | - L | | Yea | | | | Sex | □Fe | emale | | Male | | | | |
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| Last Nan | ne ne | | | | | | | | | | | | Fire | st Na | me | | | | | | | | | | | | | | Midd | le In | itial |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | House # a | and Stre | et Nan | ne (Do l | NOT u | ıse P.C |). Box | ог уоч | u will k | be cha | arged N | lon-N | ld. res | ident f | ee.) | | | | | _ | 100 | _ | | 7 | | _ | .— | Apt | . # | | |
| City | | | | | | | | | | L | | Ļ | Ļ | <u> </u> | | St | ate | Ļ | Ļ | <u> </u> | Zip | p <u> </u> | JL | | | | | | JL | | |
| Home Phone | | | | | | | | | | | Vork Phone | , | | | | | | | | | | | | | | | | | | | |
| Fax | | | | | | | | | | 1 | -Mail | | | - · | | | | | | | | | | | 10 Mg. | | | | | | |
| 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. | | | | | | | | | | | | | | |), you | | | | | | | | | | | | | | | | |
| How did you hear about us? Received brochure in mail Website Social media Advertisement On campus Other Military: If the military is paying for STUDENTS WITH DISABILITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military: If your cours last 4 digit | se(s), you | musts | | | X | X | X | X | | If you | | d supp | port se | ervices | s due | toad | isabil | lity, ca | ill VVc | orkford | ce De | evelop | omen | t&C | ontin | iuing | Educa | ation a | at 240-5 | 567-4 | 118 at |
| ETHNICIT | | | | <i>losure</i> □Hisp | | | | ıy Mor | ntgom | nery (| College | e, but | t is red | quirea | by th | ne U.S | S. De | partn | nent (| of Ed | ucati | ion.) | | | | | | | | | |
| RACE: Ch | | | | | | ose mo DAsia | | | | | sure no can Ar | | | | <i>Mont</i> g Native | _ | | _ | | | • | - | | | D <i>epai</i> White | | nt of E | Educa | tion.) | | |
| □U.S. Cit | tizen | □Per | maner | nt Resi | ident | (Circ | :le or | ne: G | reen | ı Caı | rd / W | /orki | ing C | card) | | Oth | er Im | nmigra | ation | Statu | S | | | | (Us | æd fo | or tuitio | ın-sett | ting pur | poses | s only.) |
| CHECK ALL THAT APPLY: ☐ I have been a Maryland resident [as defined in the <i>Montgomery College Catalog</i>] 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 | | | | | | | | | | | | | | | S | tart [| Date | | | | | | | | | | | | |
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| I certify t | 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 | | | | | Coc | >oae | | | |