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 I	ID Number:	M 2	a college ID, one will be as	Birtho	date	Day	Year Sex □F	emale □Male	
[]									
Last Nan				First Na	ime			Middle Initial	
Address		eet Name (Do NOT us	se P.O. Box or you will be charg	ed Non-Md. resident	fee.)		Ap	t.#	
City					State	Zip			
Home Phone			Wo						
Fax			E-M		J. H Innt	2 W	A RET Thought	*	
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.									
			ived brochure in mail	Comment of the second		Advertisement 🗆	On campus □Other		
your cours	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 College, but is required by the U.S. Department of Education.)									
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									
□U.S. Cit	tizen □Per	manent Resident (Circle one: Green Card	/ Working Card) Other Immi	gration Status	(Used for tuition-set	ting purposes only.)	
□I have b □I am 60	years of age or	d resident [as define r older. (Applicable t	ed in the <i>Montgomery Colleg</i> to designated tuition waiver o enlisted for at least a 24 mon	courses for Marylar	nd residents only.)	from the adjutant gen	eral's office.		
CRN	# Cou	ırse #	Course Title Sta						
13684	ВІТО8	9 Opera	ating in a Regulated Env	ironment				July 14, 2018	
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I certify t		mation on this re	release of addresses, q egistration is correct and	d complete.)ate	to my sponsor or	employer.		
Student S	that the inforn	mation on this re		For Office	Oate Use Only	to my sponsor or	employer. Contract		