REGIST	<b>RATION FORM</b>	-NON-TUITIO	N CLASSES
		4 · · · · · · · · · · · · · · · · · · ·	

Vorkforce Development & Continuing Education

## COLLEGE **Adult ESOL & Literacy Grant Program**

## All information is required. Incomplete forms will be returned. A student signature is required to process.

Montgomery College welcomes your participation in this course. As a State institution, we use the information on this form to create and maintain your official transcript. Your name and information will be stored in our secure student database. Please Print Clearly

Student information is not sold to commercial organizations.	
--	--

College ID I	Number:	Μ	2									B	Birthd	ate	Mo	onth	] -		Day	] -			Year			S	ex	□Fen	nale	Male
Last Name First Name Middle Initial																														
Address																														
House # and Street Name (Do NOT use P.O. Box or you will be charged out-of-state resident fee.)																														
City															St	tate					Zip							-		
Home Phone										ell hone	•																			
Work Phone									<b>E</b>	E-Mail																				
Have you attended MC before? □Yes □No If you had attended a class at MC more than 4 years ago, you may be required to complete and submit a Student Reactivation form at the time of registration.																														
	Disclosure of Ethnicity and/or Race is not mandatory by Montgomery College, but is required by the U.S. Department of Education.) ETHNICITY: Are you Hispanic / Latino? $\Box$ Yes $\Box$ No																													
RACE: F	Please d	hoo	se a	anv	box	tha	at be	est d	des	crib	es ı	ou.	Yo	u m	nav	cho	005	se i	то	re	hai	n o	ne.							
□Amerio	can Indi	an o	r Al	aska	an I	Nati	ve			Asia	-		⊐Na		-										r					
Black or African American DWhite																														
Citizenship status is only used to calculate tuition. □U.S. Citizen □Permanent Resident (Green Card) □Work Permit □Other Immigration Status																														
LU.S. C	itizen		erm	lane	enti	Res	laei	nt (0	Sre	en (	Jaro	(r		vor	κP	erm	nt			the	er Ir	nm	nigra	atic	on เ	Stat	us_			 
SOCIAL SECURITY NUMBER: Students participating in a Grant-funded program must submit their SSN, if available.																														

## 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.

CRN #	Course #	Course Title	Begin Date

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.

Student Signature Required		Date	
For Office Use Only			
Received Date:	Date Entered in Banne	er: Cod	e: ZZ

REVISED 7/8/2016