REGISTRATION FORM—TUITION CLASSES

Workforce Development & Continuing Education



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. Student information is not sold to commercial organizations. Please Print Clearly **Birthdate College ID Number:** Sex □Female □Male 2 M Month Day Middle Initial **Last Name** First Name Address Apt. # State City Home Phone Work Phone E-Mail If you had attended a class at MC more than 4 years ago, you may be required to **Have you attended MC before?** □Yes □No 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? □Yes \square No RACE: Please choose any box that best describes you. You may choose more than one. □Asian ☐ American Indian or Alaskan Native □ Native Hawaiian or Pacific Islander ☐Black or African American □White Citizenship status is only used to calculate tuition. □U.S. Citizen □Permanent Resident (Green Card) □Work Permit □Other Immigration Status 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 Title Tuition/Fee Course # 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	Dat	ate	
For Office Use Only			
Received Date:	Date Entered in Banner:_	Code:	ZZ