REGISTRATION FORM

Please Print Clearly

MONTGOMERY
COLLEGE

Workforce Development & Continuing Education

All information is required. Incomplete forms will be returned to the student unprocessed. For registration assistance call 240-567-5188.

FAX completed registration form with credit card information to 240-683-6945

Mail complete	ed registration	n form with payment t	to: Montgomery Colleg	e, WD&CE Registr	ation, 51 Manr	akee Street C	C 220, Rockvil	le, Md. 20850
College ID Num	ber: M 2		Bir	thdate	Day	Year	Sex □Fe	male □Male
Last Name			First	Name				Middle Initial
Address House # a	and Street Name (I	Do NOT use P.O. Box or you	will be charged Non-Md. resid	ent fee.)			Apt	.#
City				State	Zip		-	
Home Phone			Work Phone					
Cell			E-Mail					
Have you attend	ded MC before		you have ever taken a credit on the state of					
How did you he	ar about us?	☐Received brochure	in mail □Website □	Social media □	Advertisement	□On campı	us □Other	
Military: If the military your course(s), you last 4 digits of your	ı must submit the		STUDENTS WITH DISA If you need support services three weeks before	rices due to a disability,	call Workforce De	velopment & Cont	iinuing Education a	t 240-567-4118 at
□Not Hispanic or I	Latino DF	Hispanic or Latino	gomery College, but is requ			·		
American Indian			. <i>(Disclosure not mandatory</i> ck or African American	by Montgomery Colle ☐Native Hawaiian an	•			ion.)
□U.S. Citizen	□Permanent R	Resident (Circle one: Gr	een Card / Working Ca	rd) □Other Immiç	gration Status	((Jsed for tuition-setti	ng purposes only.)
☐I am 60 years of	aryland resident age or older. (Ap	pplicable to designated tuit	mery College Catalog] for at ion waiver courses for Mary st a 24 month period and su	land residents only.)	from the adjutant	general's office.		
CRN#	Course #	Cou	ırse Title	Start Date	Tuition	Course Fee	Non-Md. Fee	Course Total
Code: GT		Refunds	will go to the registere	d student of recor	d.		Total Due	\$
I understand that no fee charges incurre	on-attendance ar ed. I agree to abid	nd/or failure to file all regist de by the policies and proc	nplete. I am aware of and will tration changes in writing wi edures of the College, inclu request for a subsequent re	th the Admissions and ding without limitation,	Records Office de the Student Code	oes not relieve m	e of responsibility	
Student Signatur	e Required		•	Date				
Please indicate	naumont bur	Chack (nayohla to M	ontgomery College)	Credit card:	MactarCard	□VISA □	Discover	
i icase iliulcate	. , ,	it Card Information: E	o , , , ,		\neg	Security code		
	3.64	Jara momuuon L	·	Month / Year	3 01 4 ulgil	. Security code	on your caru	
NOTE: Credit card information be detached and di		Credit Card Number						
of promptly and pro after payment is ap	operly	Name on Card						
		Card holder signature required					Date	