**MONTGOMERY COLLEGE**
**Workforce Development & Continuing Education**

Customized Training Class

## Registration Form

Montgomery College welcomes your participation in this customized training course. As a State insitution, 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.

## Please Print Clearly

**College ID Number:** M 2 ☐☐☐☐☐☐☐ **Birthdate** ☐☐-☐☐-☐☐☐☐ (Month Day Year) **Sex** ☐ Female ☐ Male

**(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)**

**Name** ______ **Last** ______ **First** ______ **Middle**

**Address** ______ **House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.)** **Apt. #**

______ **City** ______ **State** ______ **Zip**

**Is this a new address?** ☐ **Yes** ☐ **No** **Have you attended MC before?** ☐ **Yes** ☐ **No**

**Home Phone** ______ **Fax** ______

**Work Phone** ______ **E-Mail** ______

***(Provide e-mail address only if you wish to receive notification of future offerings.)***

☐ U.S. Citizen ☐ Permanent Resident (Green Card/Working Card) ☐ Other Immigration Status ______________ (Citizen status used for tuition-setting purposes only.)
International Students: Are you planning to request an I-20 from Montgomery College? ☐ Yes ☐ No (If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

**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 ❏ None

**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 ❏ Asian ❏ Black or African American ❏ Native Hawaiian and other Pacific Islander ❏ White

**STUDENTS WITH DISABILITIES**
If you need support services due to a disability, call Workforce Development & Continuing Education at 240-5671-1819 (TTY 240-567-7931) at least three weeks before class begins.

| CRN #. | Course | Course Title | Begin Date |
|---|---|---|---|
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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 | Company | Contract Code |
|---|---|---|
| ZZ | | |

2/16/09