

Please Print Clearly



Mail completed registration form with payment to WD&CE Registration, 51 Mannakee Street, CC 220, Rockville, MD 20850.

CHECK ALL THAT APPLY:

☐ I have been a Maryland resident [as defined in the *Montgomery College Catalog*] for at least three months.

☐ I am 60 years of age or older. (Applicable to designated tuition waiver courses for Maryland residents only.)

☐ I am a Maryland National Guard member enlisted for at least a 24 month period and submitting proof of such from the adjutant general's office.

| CRN # | Course # | Course Title | Start Date | Tuition | Course Fee | Non-Md. Fee | Course Total |
|----------|--|--------------|------------|---------|------------|-------------|--------------|
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| Code: GT | <i>Refunds will go to the registered student of record.</i> | | | | | Total Due | \$ |

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

Please indicate payment by: ☐ Check (payable to Montgomery College) **Credit card:** ☐ MasterCard ☐ VISA ☐ Discover

Credit Card Information: Expiration date on card / 3 or 4 digit Security code on your card

NOTE:
Credit card information will
be detached and disposed
of promptly and properly
after payment is approved.

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| Credit Card Number | | | | | | | | | | | | | | | | | | | | |
| Name on Card | | | | | | | | | | | | | | | | | | | | |
| Card holder signature required | | | | | | | | | | | | | | | Date | | | | | |