Montgomery Community College
Continuing Education Registration Form

CLEAR FORM

1011 Page Street, Troy, NC 27371 Ph: (910) 576-6222 Fax: (910) 576-5162

Legal Name: _____ **Signature:**_____ **Date:** _____
(Please Print)

Social Security Number: _____/_____/_____ **Date of Birth(mm/dd/yyyy):** _____ **Sex:** ☐ Male ☐ Female

Race: ☐ White ☐ Black ☐ Indian ☐ Hispanic ☐ Asian ☐ other (please indicate) _____

Mailing Address: _____ **City:** _____ **State:**_____ **Zip:**_____

County:_____ **E-Mail Address:**_____

Home Phone (_____) _____-_____ **Work Phone** (_____) _____-_____ **Cell Phone (_____) _____ - _____**

Education: (check highest level completed): ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 or ☐ (--)GED

☐ (13)Adult High School Diploma ☐ (14) One Yr. Vocational Diploma ☐ (15) Associate ☐ (16) Bachelor ☐ 17) Master's Degree or higher **Last**

High School Attended: _____ **State:** _____ **Year:** _____

Employment (Please check one) ☐ Full-Time ☐ Part-Time ☐ Unemployed-Seeking ☐ Unemployed-Not Seeking ☐ Retired

Complete if an active volunteer or paid member of EMS, DOC, DPS, Law Enforcement, or Fire Department:

Agency Affiliation: _____ **Job Title:**_____

Signature:_____

My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated.

Class Title	Class Prefix	Start Date	Term	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment (Please check one):

☐ Check or money order enclosed (payable to MCC) ☐ Cash ☐ Credit Card

By signing below, you authorize Montgomery Community College to charge your credit card.

_____

Signature

HRD Tuition and Fee Waiver – Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded as Human Resources Development if the individual meets one of four criteria listed below. Individuals not signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria:

☐ 1 = I am currently unemployed
☐ 2 = I have received notification of a pending layoff
☐ 3 = I am working and eligible for the Federal Earned Income Tax Credit
☐ 4 = I am working and earning wages at or below two hundred percent (200%) of the federal poverty guidelines.

By signing below you verify that you meet one or more of the criteria for fee waiver.

Signature: _____ Date: _____

☐ Check Here if you DO NOT wish MCC to use your photo and/or name in its publicity, marketing, promotion, and advertising efforts as well as in editorial [i.e. brochures, catalog, news releases, academic standing (honors, awards, scholarships) features, etc.

For MCC use only: **Colleague ID#**_____

For Office Use Only

Credit card: ☐ **Master Card** ☐ **Visa** ☐ **Amex** ☐ **Discover**

___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___ _____-_____ ___ ___ ___

Account Number Expiration Date 3 or 4 Digit Security Code

_____

Name on Card