



Montgomery Community College Continuing Education Registration 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 _____