



Montgomery Community College Continuing Education Registration Form

1011 Page Street, Troy, NC 27371 Ph: (910) 898-9672 Fax: (910) 576-5162

Legal Name: _____ Signature: _____ Date: __/__/____
(Please Print)

Social Security Number: ____/____/____ Date of Birth: ____-____-____ Sex: ___Male ___Female

Please circle 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 (Circle highest level completed) 1 2 3 4 5 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: _____

My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated. Furthermore, I agree to allow my employer to access my academic record.

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

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# _____