

REGISTRATION FORM - NON CREDIT

SEMESTER OF ENROLLMENT <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Year: _____ <input type="checkbox"/> New student at this college <input type="checkbox"/> Former student at this college; Last date attended: Month _____ Year _____		<input type="checkbox"/> Lawful Refugee or Asylee (3) Issue Date _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Legal Nonimmigrant (4-9): * Specify visa or status _____ and * Date of Expiration _____ and * Alien Registration Number or I-94 Number _____ <input type="checkbox"/> Do Not Qualify for Any of the Above 10b. <input type="checkbox"/> Country of Citizenship _____ 10c. <input type="checkbox"/> AZ Driver's License or ID Number: _____ Date of Issue _____ and Expiration Date _____ <input type="checkbox"/> Do not possess an AZ Driver's License or ID Number	
1. LEGAL NAME (Last, First, Middle) _____ FORMER NAME (S) _____		PREVIOUS EDUCATION 11. High School (Check one box.) <input type="checkbox"/> High School Diploma Country _____ State _____ High School name (if within AZ) _____ Completion date _____ <input type="checkbox"/> GED certificate <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Home Taught <input type="checkbox"/> No diploma or GED and <u>under</u> age 18 <input type="checkbox"/> No diploma or GED and age 18 or <u>over</u> 12. University/College/Vocational School (Check highest level completed.) <input type="checkbox"/> No college or university <input type="checkbox"/> Some college or university no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree or higher	
2. BIRTHDATE _____ / _____ / _____ _____ <div style="text-align: center; font-size: small;">Month Day Year Age</div>			
3. SEX** <input type="checkbox"/> Male <input type="checkbox"/> Female			
4. SOCIAL SECURITY NUMBER * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5. INFORMATION RELEASE: Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights to Privacy Act of 1974)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. RACE/ETHNIC BACKGROUND** <input type="checkbox"/> American Indian or Alaskan Native (A) <input type="checkbox"/> Black (C) <input type="checkbox"/> White (E) <input type="checkbox"/> Asian or Pacific Islander (B) <input type="checkbox"/> Hispanic (D) <input type="checkbox"/> Other (F)		13. HOW DID YOU HEAR ABOUT US? (Select only one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Agency <input type="checkbox"/> Career Fair <input type="checkbox"/> Flyer <input type="checkbox"/> Internet <input type="checkbox"/> Outreach <input type="checkbox"/> Military <input type="checkbox"/> TV </div> <div> <input type="checkbox"/> Billboards <input type="checkbox"/> Counselor <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Theater Screen Adv <input type="checkbox"/> Phone <input type="checkbox"/> Schedule of Classes <input type="checkbox"/> US Mail </div> <div> <input type="checkbox"/> Brochure <input type="checkbox"/> E-mail <input type="checkbox"/> HS Refer <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Student <input type="checkbox"/> Yellow Pages </div> </div>	
7. MAILING ADDRESS _____ <div style="text-align: right;">APT # _____</div>			
CITY, STATE _____ <div style="text-align: right;">ZIP CODE _____</div>			
8. EVENING/MESSAGE PHONE () DAY/BUSINESS PHONE ()			
9. E-MAIL ADDRESS _____			
RESIDENCY These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer questions 8-10 may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines. 10a. <input type="checkbox"/> United States Citizen (1) <input type="checkbox"/> Legal Immigrant/Permanent Resident (2) Issue Date _____ and Expiration Date _____ and Alien Registration Number _____ Continues in next column			
EDUCATIONAL GOALS 14. What is your primary reason for attending this college? <input type="checkbox"/> Prepare for career <input type="checkbox"/> Improve my career skills <input type="checkbox"/> Learn new skills <input type="checkbox"/> Prepare for career change <input type="checkbox"/> For my personal interest or self-improvement			
15. VEHICLE EMISSIONS <input type="checkbox"/> Car meets emission standards <input type="checkbox"/> Not indicated <input type="checkbox"/> Will not park on campus			

I certify that the answers on this Student Information Form are true, correct and complete.

Signature of Student

Date

All the information on this form is confidential and in compliance with the Family Education Rights to Privacy Act of 1974. The Act's provisions are explained in the General Catalog.

* The Social Security Number is generally used as the Student Identification Number. Students who choose not to disclose their Social Security Number will have a unique Student Identification Number assigned. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credits, and must be used by applicants for federal student aid. Failure to provide a Social Security Number may preclude the determination of eligibility for in-state residency, resulting in out-of-state tuition.

** Voluntary information used to comply with Federal Reporting and has no effect on admissions to the college. This information will not be used for any discriminatory purpose.

Course No.	Class No.	Course Title	Time (Start/End)	Day/Date(s)	Fee
1					\$
2					\$
3					\$
4					\$
5					\$

Method of Payment (check one): Credit Card Check Money Order Check or Money Order Number _____

I authorize MCCCDC to charge \$ _____ to my credit card. Acct No. _____ Exp Date _____ / _____

Cardholder Name (as it appears on card): _____ Cardholder Signature: _____