MONTGOMERY COMMUNITY COLLEGE **Trial Schedule**

*Social Security # or MCC Student ID #_____ ☐ Fall ☐ Spring ☐ Summer Year_____
*for record identification purposes only

Last Name_____ First Name_____ Middle Initial_____

Address_____
Street/Route/PO Box City State ZIP Code

E-mail Address_____ Phone #_____

Major_____ ☐ **Certificate** ☐ **Diploma** ☐ **Degree**

Public directory information includes name, address, phone number, birthdate, birthplace, major field of study, dates of attendance and degrees/awards received. **If you DO NOT wish for directory information to be released to *any* person or agency, *you must submit a request to the Enrollment Coordinator in writing***. Forms are available in Student Services.

Application for Graduation: If you will be completing graduation requirements at the end of this term, please complete an Application for Graduation. Forms are available in Student Services or by visiting http://www.montgomery.edu and choosing the Student Resources link on the Current Students page.

In compliance with the ***Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act***, MCC distributes a Campus Security Report annually which sets forth our policies on crime prevention issues and provides statistics on specific crimes which have occurred on campus, as well as the number of arrests on campus for liquor law and drug use violations and weapons possession. The report is available on the College Information page of the MCC website. Printed copies are available from the MCC Business Office.

Keyed in system	Course Dept & Number	Section #	Course Title	Credit Hrs	Days							Time	For Student Services Use
					M	T	W	T	F	S	S		

Notes

1. Beginning with the first day of the term, students wishing to change their class schedule must drop and add classes during the same transaction (at the same time) or incur a 25% penalty.
2. The College reserves the right to cancel classes due to insufficient enrollment or to combine sections to produce sufficient enrollment.

E/M/R Advisor	
	Student's Signature_____ **Date**_____
	Advisor's Signature_____ **Date**_____

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