❑ Fall
❑ Spring
❑ Summer I
❑ Summer II
Semester of Enrollment 20_____

GLENDALE COMMUNITY COLLEGE

Mail/Fax Registration Form

New students who have not filed a Student Information Form should submit one online at *my.maricopa.edu*.

Legal Name:_____ *Soc. Sec./Maricopa Student I.D. #_____ Tel. No.: (_____)_____

Address:_____ City:_____ State:_____ Zip:_____

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 in 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. Although you have previously enrolled at this or another Maricopa Community College, it is important that you provide this information, even if you have been asked to provide similar information in the past.

Failure to provide documentation in support of the information requested below will result in your being now classified as out-of-state for tuition & fee purposes. The responsibility for 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.

❑ United States Citizen
❑ Legal Immigrant/Permanent Resident Date of Issue_____ and Expiration Date _____and
Alien Registration Number_____
❑ Lawful Refugee or Asylee Date of Issue_____ and Expiration Date _____and
Alien Registration Number_____
❑ Legal Nonimmigrant:
Specify visa or status _____ and Date of Expiration of I-94_____ and
Alien Registration Number or I-94 Number_____
❑ Do Not Qualify for Any of the Above
❑ Country of Citizenship_____
❑ AZ Department of Motor Vehicle License or ID Number_____ Date of Issue _____ and Expiration Date _____
❑ Do not possess an AZ Department of Motor Vehicle License or ID Number

I certify that the answers on this form are true, correct and complete.

_____ Student Signature

_____ Date

EMPLOYMENT HOURS:
Per week while enrolled
❑ None
❑ 1 - 10
❑ 11 - 15
❑ 16 - 20
❑ 21 - 30
❑ 31 or more

EDUCATIONAL GOALS:
Students should discuss their educational plans with an Academic Advisor**.** Students receiving financial aid and/or Veterans benefits must be pursuing an eligible degree or certificate program.

What is your <u>primary</u> reason for attending this college? (select one)
❑ Improve my career skills
❑ Learn new career skills
❑ Personal Interest/Self-Improve
❑ Prepare for career change
❑ Prepare for employment

❑ Transfer to another MCCCD college
_____ Name of MCCCD College
_____ Name of Degree or Certificate

❑ Transfer to University/College
_____ Name of University/College
_____ Area of Study

Course Request			Time and Day Class Meets					
Subject & Catalog Number (ENG 101)	Class Number (13245)	Units (Credits)	M	T	W	R	F	S

Total Hours:

Academic Advisement is provided to assist students in understanding information, regulations and requirements set forth by the Glendale Community College. I understand that the ultimate responsiblity for making decisions rests with me.

_____ Student Signature

_____ Date

* Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Providing a Social Security Number will ensure that your educational records are complete and correct and will allow the fullest services. Any individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residents, resulting in out-of-state tuition.

Payment Information:
❑ Bill me at the above address
❑ Charge my credit/debit card: ❑ Master Card ❑ Visa ❑ Discover ❑ American Express ❑ College Card

ACCOUNT # (_____)-(_____)-(_____)-(_____)-(_____) EXPIRATION DATE: (_____/_____)

CARDHOLDER'S NAME:_____ CARDHOLDER'S SIGNATURE_____

Fax to: 623.845.3060 Mail to: Registration Office, Glendale Community College, 6000 W. Olive Ave., Glendale, AZ 85302

Registration Confirmation will be mailed to the above address within 48 hours of the receipt of this form.

02/11/08