

- 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-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 primary 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 MCCCDC college

Name of MCCCDC College

Name of Degree or Certificate

Transfer to University/College

Name of University/College

Area of Study (Choose from List 1)

| Course Request | | | Time and Day Class Meets | | | | | |
|---------------------------------------|---------------------------------|-------|--------------------------|---|---|---|---|---|
| Subject & Catalog Number (ENG 101) | Section/Class Number (13245) | UNITS | M | T | W | R | F | S |
| | | | | | | | | |
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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 responsibility 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.