CNG for Heavy Duty Applications January 7 – 11, 2019

Please Print

Milwaukee Area Technical College- Registration Form Part 2

Term*	Synonym No.	Subject ID	Course No.	Section No.	Course Title	Location	Days	Time	Credits	$ Fees
SU2019	**00125554**	**Diesel**	**400**	**200**	CNG for Heavy Duty	**South**	M-F	8 -4:30	**1.0**	175.00
					Applications					
								ID Fee		7.50
								Admin		7.00

Total Amount	189.50

*Fall = **FA**, Spring = **SP**, Summer = **SU**

What motivated you the most to register for class this semester? (Circle the most appropriate number.)

1. Interest in the course subject
2. Desire to complete my associate, diploma or apprentice program
3. Want to get a job (or a better job)
4. Interest in a certificate
5. Need to expand my job skills
6. Wish to improve language, reading or math skills
7. Work on my GED or high school diploma
8. Transfer credits to a 4-year college
9. Transfer credits to a 2-year college

Which of these influenced you to register this semester? (Circle all numbers that apply.)

1. Convenience of location or time of classes
2. Inexpensive coursework here
3. Financial support for classes
4. Class schedule for the term
5. MATC Catalog with programs and courses
6. Teacher, recruiter or counselor
7. Family member or friend
8. TV, radio or print advertising
9. MATC website

Signature acknowledges that he/she is liable for all tuition and fees associated with course enrollment in accordance with MATC's policies/procedures and the WTCS Refund Policy.

Signature _____ Student Number _____ Date _____

E-Mail Address: register@matc.edu

☐ Cash

☐ Visa ☐ MasterCard ☐ Discover

Card Number _____ Expiration Date: _____

Signature: _____

Processed By: _____ Processed Date: _____

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans With Disabilities Act.

Please Print

MILWAUKEE AREA TECHNICAL COLLEGE — REGISTRATION FORM

SOCIAL SECURITY NUMBER	STUDENT ID NO.	LAST NAME	FIRST NAME	MIDDLE INITIAL	FORMER NAME	DATE OF BIRTH

Mailing Address

STREET AND ADDRESS	APARTMENT NO.	CITY/TOWNSHIP/VILLAGE	STATE	ZIP CODE

TELEPHONE (HOME)	TELEPHONE (WORK)	CELL PHONE	E-MAIL ADDRESS
( ) –	( ) –		

Permanent Address

STREET AND ADDRESS	APARTMENT NO.	CITY/TOWNSHIP/VILLAGE	COUNTY	STATE	ZIP CODE	FOREIGN COUNTRY

Education Background

LAST HIGH SCHOOL ATTENDED	CITY	STATE	MONTH AND YEAR GRADUATED

Ethnic Origins

Gender (Please check

Your Ethnicity:
___ Hispanic **H**
___ Not Hispanic or Latino **NH**

Your Race *(You may check one or more)*:
___ American Indian **I** ___ Asian **AS** (___ Cambodian **ASCA**, ___ Laotian **ASLA**, ___ Vietnamese **ASVT**, ___ Hmong **ASHM**)
___ Black/African American **B** ___ Native Hawaiian/Pacific Islander **N** ___ White **W**

Highest Grade Completed at Entry: (check one)

__ **00** Did Not Attend
__ **01** (1st Grade)
__ **02** (2nd Grade)
__ **03** (3rd Grade)
__ **04** (4th Grade)
__ **05** (5th Grade)
__ **06** (6th Grade)
__ **07** (7th Grade)
__ **08** (8th Grade)
__ **09** (9th Grade)
__ **10** (10th Grade)
__ **11** (11th Grade)
__ **12** (12th Grade)
__ **96** (Above 12th grade)
__ **98** (No equivalent grade level available)
__ **99** (Client refused to provide/unknown)

Highest Credential Received (check one)

__ **01** No credential
__ **02** GED YR_____
__ **03** HSED YR_____
__ **04** High School Diploma
__ **05** Some college
__ **06** Short-term Diploma
__ **07** 1 year Diploma
__ **08** 2 year Diploma
__ **09** Associate Degree
__ **10** Associate Degree (Plus Additional Credential)
__ **11** Baccalaureate
__ **12** More than Baccalaureate
__ **99** Client refused to provide/Unknown

Highest Credential Year ____

Disability: (check one)

—— **ND** Not Disabled
___ **DI** Disabled (Primary Disability Not Identified)
___ **AU** Autistic
___ **BI** Traumatic Brain Injury
___ **DB** Deaf – Blind
___ **DF** Deaf
___ **ED** Emotional Disability
___ **HH** Hard of Hearing
___ **LD** Specific Learning Disability
___ **MH** Multi Disabled
___ **MI** Mentally Handicapped
___ **MU** Speech or Language Impaired
___ **OI** Orthopedic Disability
___ **OT** Other Health Impaired
___ **VI** Visually Impaired

Work Status at Enrollment: (check one)

__ **01** Employed Full Time
__ **02** Employed Part Time
__ **03** Underemployed
__ **04** Unemployed, Seeking
__ **05** Not in Labor Market
__ **06** Dislocated Worker

Single Parent: (check one)

You are unmarried or legally separated, and you have custody of one or more minor children or you are pregnant. ___ Yes ___ No

Displaced Homemaker: (check one)

- You are an adult and have worked at home without pay to care for your family and you are no longer supported by a relative's income, OR
- Your youngest dependent child will become ineligible for TANF (AFDC) assistance within two years, and you are unemployed or underemployed. ___ Yes ___ No

I am a resident of: city / village / township *(circle one)*

_____
City/Township County State

Are you in the U.S. on a temporary visa? ___ Yes ___ No

If yes, please list visa type: _____

Two-sided form. Please turn over.