

\*\*\* Recent changes in State funding may alter the availability of this program for upcoming terms. Diagnostic Medical Sonography and Surgical Technology Certificates removed Spring/Summer 2013\*\*\*



# Statewide & Health Workforce Shortage Programs Enrollment Verification

Complete this form to request in-county tuition if you are enrolled in one of the programs listed below and reside in Maryland, but outside of Montgomery County.

Submit one form each semester at the time you register to the Office of Admissions and Records.

Forms may be used for summer and winter courses, but they are processed by the Office of Institutional Research and Analysis after the third week of classes in the fall and spring semesters only.

Financial adjustments to student accounts are made at the end of November and March.

Name \_\_\_\_\_ Student ID M- \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ County of Residence \_\_\_\_\_

\* Montgomery College is required to report your Social Security Number to the State of Maryland for this process.

Tuition Adjustment Requested for Semester \_\_\_\_\_ Year \_\_\_\_\_

I understand that I am eligible for the in-county rate only for courses applicable to the program of study indicated below:

### Designated Statewide Programs

#### Lower Division Certificates:

- Technical Writing (143)
- Fire & Arson Investigation (180)
- Fire Prevention Tech (247)  Fire Protection Tech (248)

#### Associate Degrees:

- Graphic Design, AFA (902)
- Studio Art, AFA (900 and 910)
- Fire and Emergency Services Management (346A)
- Fire Prevention Technology (321)
- Fire Protection Technology (322)

### Health Workforce Shortage Programs

#### Lower Division Certificates:

- Polysomnography Technology (243)

#### Associate Degrees:

- Radiologic (X-ray) Technology (340)
- Diagnostic Medical Sonography (335)
- Nursing (400)
- Health Information Management (349)
- Mental Health Associate (338)
- Physical Therapy Assistant (300)
- Biotechnology (334)
- Surgical Technology (352)

\_\_\_\_\_  
Student Signature Date

This student was advised by me and is registering for appropriate courses in the designated curriculum.

\_\_\_\_\_  
Program Coordinator Printed Name Program Coordinator Signature or Designee Date

### Office Use Only

#### Office of Admissions and Records

This student is eligible for participation in the Statewide or Health Workforce Shortage programs as indicated above. The student resides in a participating Maryland county and is taking the following eligible credits:

Overall Enrolled Credits \_\_\_\_\_ Credits Eligible for Funding \_\_\_\_\_

\_\_\_\_\_  
Registrar Printed Name Registrar or Designee Signature Date

NO hold added

Received by \_\_\_\_\_ Date \_\_\_\_\_

Copy made for student