

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
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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
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Education Background

LAST HIGH SCHOOL ATTENDED	CITY	STATE	MONTH AND YEAR GRADUATED
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Ethnic Origins (please check one):

American Indian/Alaskan Native Black (African-American)	Asian/Pacific Islander Hispanic	Native Hawaiian/Pacific Islander White	Gender (Please check one): Male Female
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Highest Grade Completed at Entry: (check one)	Work Status at Enrollment: (check one)	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	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
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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) 13 (13th Grade) 14 (14th Grade) 15 (15th Grade) 16 (16th Grade) 17 (17th Grade and above)	01 Employed Full Time 02 Employed Part Time 03 Underemployed 04 Unemployed, Seeking 05 Not in Labor Market 06 Dislocated Worker	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
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If you are not a U.S. Citizen, please provide: Visa Type _____ Visa No. _____
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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
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98 Foreign Student Equivalent Grade Not Available 12 GED/HSED Year Received
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[illegible]

LIST AN ALTERNATE CLASS, IN CASE THE CLASS YOU WANT IS UNAVAILABLE.

Term*	Synonym No.	Subject ID	Course No.	Section No.	Course Title	Location	Days	Time	Credits	\$ Fee

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

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

0-5 Credits = Less than half time
6-11 Credits = Half time
12+ Credits = Full time

Program Code

<input type="checkbox"/> Cash	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
<input type="checkbox"/> Visa		
Card Number:		Expiration Date:
<hr/>		<hr/>
Signature: <hr/>		

Touch Tone Registration: 414-297-7462 or 1-800-498-3727 E-mail Address: register@matc.edu

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

(Over)