GARRETT COLLEGE

EXPERIENCE. EXPLORE. EXCEL.

SEMESTER: _____

REGISTRATION FORM FOR NEW NON-DEGREE STUDENTS ONLY — Major Code: 0800

Please note that special, non-degree seeking students are not eligible for financial aid. Degree seeking students should contact the Office of Admissions for the appropriate application.

Social Security Number: _____ Date of Birth (month/day/year): _____

Students are asked to provide SSNs for legitimate business and reporting purposes. SSNs are not used as a primary identifier; students will be assigned a student ID for use across campus. SSNs shall be considered confidential information and only disclosed according to appropriate state and federal disclosure and privacy laws.

LAST Name: _____ FIRST Name: _____MIDDLE Name: _____

Have you attended GC under a different name? If so, please list: _____

Sex assigned at birth: ☐Male ☐Female ☐Undeclared

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

County of Residence: _____ Email: _____

Cell Phone: (_____)_____ I agree to receive text messages. ☐ Yes ☐ No Home Telephone: (_____)_____

Race (please check all that apply): ☐American Indian/Alaskan Native ☐Asian/Pacific Islander ☐Black ☐Hispanic ☐White

Are you Hispanic/Latino? ☐Yes ☐No

Are you a U.S. Citizen? ☐ Yes ☐No **If no**, are you a permanent resident? ☐Yes ☐No

If not a U.S. Citizen, what is your country of citizenship?_____ Country of birth:_____

Did you or will you receive a high school diploma? ☐Yes ☐No

Name of High School: _____ Year of Graduation: _____

Address of High School: _____ City: _____ State: _____

Have you earned a GED? ☐Yes ☐No Date: _____ (Month/Year) State: _____

Have you attended Garrett College previously? ☐Yes ☐No Date(s) of attendance:_____

Have you earned a degree from Garrett or another college/university? ☐Yes ☐No Degree:_____

Name of college/university you attend/attended: _____

If you are 60 years of age or older, disabled, or retired (by reason of disability), you may be eligible for a tuition waiver. Please contact the Office of Admissions for additional information. Degree seeking veterans should contact the Financial Aid Office at 301-387-3057 for information about veterans' educational benefits.

COURSE REGISTRATION

Index & Section #	Course Title	Crs.	Day	Time	Audit?
	TOTAL CREDITS:				

By signing below, I agree to pay tuition, fees and other charges for the courses listed above. I understand that if I desire to drop or withdraw from a course(s), I must officially do so in writing by the appropriate deadline. I agree that if I should never attend or stop attending a course, I still have a financial obligation to the College and may be subject to a failing grade. I recognize that failure to read the College catalog does not excuse me from the requirements and regulations described therein.

Student Signature: _____ Date: _____

Advisor's Signature: _____

For office use only.

☐ **AD to RE Required**

☐ **Previous GC Student**

NEW STUDENT RESIDENCY DECLARATION

Determination of student residency is made at the time of admission to Garrett College. Students are classified as In-County, Out of County, or Out of State and will be charged the corresponding tuition rate. Students wishing to participate in State-approved tuition reduction programs, such as West Virginia Reciprocity or Statewide Designation, must complete additional declarations at the time of registration in order to receive the tuition waiver.

A. DECLARATION OF FINANCIAL SUPPORT: Your place of residence is based upon financial support. Review the following definitions and check the one that applies to your financial situation.

☐ I am an INDEPENDENT Student - I declare that I, the student, have provided the greatest proportion of my own support in the most recently completed calendar year. I understand that I must provide with this declaration document(s) listed below in my name, at the address stated and dated three months prior to the first day of the semester I am registering for.

☐ I am a DEPENDENT Student - I declare that for the most recently completed calendar year, another person(s) has provided one-half or more of my financial support. I understand that I must provide with this declaration document(s) listed below in my supporter's name, at the address stated and dated three months prior to the start of the semester I am registering for.

☐ I am a WARD OF THE STATE of Maryland. (Please submit evidence of such and sign and date this form; no further information is required.)

B. RESIDENCE (DOMICLE): The student or supporter's permanent place of abode where physical presence and possessions are maintained and where the student/supporter intends to remain indefinitely.

Student's Street Address	City	State	Zip

Supporter's Street Address	City	State	Zip

C. PROOF OF RESIDENCY: If you are claiming Maryland residency or if you are an out of state student eligible for a reduced tuition rate, you must be able to provide a valid driver's license UPON REQUEST or TWO or more documents that confirms the student's primary residence address:

- ○ Valid Driver's License (stands alone, no further documentation is needed)
- ○ Motor Vehicle Registration
- ○ Voter Registration
- ○ State Income Tax Report (most recently completed tax year)
- ○ Deed of Ownership for PRIMARY living quarters
- ○ Lease Agreement for PRIMARY living quarters (minimum 12 months)
- ○ Utility Bills: gas, electric, water, phone, cable, etc.

All documents must be in the name of the student (or supporter) and must reflect a period of NOT LESS THAN 3 MONTHS prior to the first day of the semester.

D. STUDENT AFFADAVIT: I hereby state that I/my supporter am a legal resident of the State of _____ and the County of _____ and I/they have resided there for _____ months/years immediately prior to the first day of classes for the semester registering for at Garrett College. Furthermore, my/our presence during this period was not for the purpose of temporary residence incident to enrollment in an institution of higher education.

_____ _____

Student Signature **Date**

The information on this form and the documentation provided may be cross-referenced and verified with information that you provide other offices at Garrett College. Providing false information may result in dismissal, suspension, or other sanctions by the college, including the payment of appropriate tuition and charges for periods of past enrollments. Garrett College reserves the right to require evidence of legal/primary domicile or lawfully acquire documentation of legal/primary domicile.

FOR OFFICE USE ONLY

❑ Not Required Item Provided _____

Approval _____ Date _____

Revised 20260916