



# REGISTRATION FORM



Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F Student ID # \_\_\_\_\_  
Mo Day Yr

\_\_\_\_\_  
Last Name First MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Is this a new address? Yes No

\_\_\_\_\_  
(Area Code) Telephone Number (Home) (Area Code) Telephone Number (Work)

Is this a new phone number? Yes No

\_\_\_\_\_  
Email Address Cell Number

E-Mail registration to [ComEd@mccc.edu](mailto:ComEd@mccc.edu) or fax to 609-570-3883 (Problems? Call 609-570-3311)

Reference #	Title	Dates	Day of week	Time	Cost
Total Cost					

**PAYMENT:** all fees are due upon registration. Late fee of \$15 will apply to each course that is registered for closer than 2 weeks prior to the start date.

**REFUND POLICY:** You may request a refund *only* if you withdraw from a course at least **10 days** prior to the start of class.

AMEX Number \_\_\_\_\_ CSV # \_\_\_\_\_

Discover Number \_\_\_\_\_

Master Card Number \_\_\_\_\_

Visa Number \_\_\_\_\_ CSV# \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Card Exp. date \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ If paying by check, check # \_\_\_\_\_