

## Center for Continuing Studies REGISTRATION FORM

	STUDENT	INFORMAT	TION				
Student ID#	Birth Date	Gender M F Other					
Last Name	First Name	First Name MI					
Street Address							
City	State		Zip				
Phone Number (Home)		Phone Number (Cell)					
Email Address							
Course/Section	Title	Dates	Day of week	Tir	me		Cost
				Tot	al Cost		

**Payment:** Total Cost is due upon registration. A Refund can be issued **ONLY** if you withdraw from a course ten or more days before the start of class. Credit card payments will be refunded to the credit card; cash and check payments will be refunded via a check from MCCC made payable to the student.

PAYMENT INFORMATION						
Credit Card Type:		Credit Card#				
Exp. Date		CVV# (3 digit # on back)				
Card Holder Name		Amount to be Charged				
Card Holder Address						
City	State	Zip				