



EMPLOYER SPONSOR INFORMATION FORM

STUDENT INFORMATION

Student ID# (IF KNOWN) _____ Birth Date _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (Cell) _____ Phone Number (Home) _____

Email Address _____

I authorize MCCC to release attendance and grade information to the below named employer.

By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.

EMPLOYER INFORMATION

Company Name/Organization _____ authorizes MCCC to register the student listed for the continuing studies classes listed below and will take responsibility for payment of all tuition and fees.

**Please reimburse your employees directly for the books purchased from the bookstore.*

Manager's Name _____ Title _____

Phone Number _____ Fax Number _____

Email Address _____ Mailing Address _____

City _____ State _____ Zip _____

Billing Department Contact _____ Title _____

Phone Number _____ Fax Number _____

COURSE INFORMATION

Course Name	Course Number	Dates	Day of week	Time	Cost
Total 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

Paying by Purchase Order: YES NO Credit Card# _____

Exp. Date _____ CVV# (3 digit # on back) _____

Card Holder Name _____ Amount to be Charged _____

Card Holder Address _____

City _____ State _____ Zip _____

Mail registration form to
 The Center for Continuing Studies
 1200 Old Trenton Road, West Windsor, NJ 08550 or e-mail to ComEd@mccc.edu. DO NOT SEND CASH.



The Center for Continuing Studies of Mercer County Community College

PHOTO WAIVER

I understand and agree that my course may be photographed and will become the intellectual property of Mercer County Community College. I hereby authorize Mercer County Community College to exhibit, publish, or distribute these photos for any lawful purpose.

YES ___ NO ___

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

Initial _____

Refund Policy Acknowledgment

I have read the following MCCC Center for Continuing Studies Class Refund Policy: If it is 10 or more days before the beginning of a class, you will receive a 100% refund. If it is less than 10 days before the class start date, no refunds will be provided. Credit card payments will be refunded to the credit card used for payment; cash and check payments will be refunded via a check from MCCC made out to the student, unless employer-sponsored.

YES ___ NO ___

I HAVE READ AND ACCEPT THE ABOVE MCCC CLASS REFUND POLICY. I AFFIRM THAT I AM LEAST 18 YEARS OF AGE.

Initial _____