



# NON-CREDIT SPONSOR REGISTRATION 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 \_\_\_\_\_