

Registration Term and Year Fall 2017

Monroe County Community College
Lifelong Learning Registration Form

Corporate and Community Services Division
 1555 South Rainsville Road • Monroe, Michigan 48161



Office 734.384.4127 • Fax 734.687.6049

• ONE FORM PER PERSON •

| |
|------------------------|
| Social Security Number |
| / / |

- OR -

| |
|-------------------|
| Student ID Number |
| |

| |
|-----------|
| Last Name |
| |

| |
|------------|
| First Name |
| |

| |
|------|
| M.I. |
| |

| |
|--------------|
| Home Address |
| |

| |
|------|
| City |
| |

| |
|-------|
| State |
| |

| |
|----------|
| Zip Code |
| |

| |
|---|
| Residency Status |
| <input type="checkbox"/> Monroe County |
| <input type="checkbox"/> Out of Monroe County |
| <input type="checkbox"/> Out of State |

| |
|------------------|
| Day Phone Number |
| () |

| |
|----------------------|
| Evening Phone Number |
| () |

| |
|--------------------|
| Other Phone Number |
| () |

| |
|-------------------------------------|
| <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Pager |
| <input type="checkbox"/> Campus |
| <input type="checkbox"/> Fax |

| |
|---------------|
| Date of Birth |
| / / |

| |
|--------|
| Gender |
| M or F |

| |
|----------------|
| E-mail Address |
| |

Yes, please sign me up to receive e-mail announcements on new Lifelong Learning classes, as well as for an early preview of the schedule each semester.

| Course Number | Class Title | Time | Start Date | Location | Tuition | Fee* |
|---------------|-------------|------|------------|----------|---------|------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* MCCC provides a Senior Citizen Scholarship to Monroe County residents 60 years or older. Please confirm the fee(s) you may be responsible for before submitting this form.

Total Due _____
 *Fee included in Tuition

| Tuition & Fees | Method of Payment | FOR OFFICE USE ONLY |
|----------------|--|-----------------------------------|
| \$ _____ | Cash, Check or Money Order (payable to MCCC) | Origin of Registration |
| \$ _____ | Visa, MasterCard or Discover | <input type="checkbox"/> Phone-in |
| \$ _____ | Card # _____ Exp. Date _____ | <input type="checkbox"/> Walk-in |
| \$ _____ | Company Authorized Billing: | <input type="checkbox"/> Mail-in |
| \$ _____ | Waiver # _____ Company _____ | <input type="checkbox"/> Fax-in |
| \$ _____ | MCCC Employee Tuition | |
| \$ _____ | Senior Citizen Scholarship | |
| \$ _____ | TOTAL TUITION & FEES PAID | Rcvd. By _____ |
| | #4278 - 07/17 | Date |