Registration Form

☐ Mr. ☐ Mrs. ☐ Ms. (Please Check one)

Please Print Legal name - Legal Name will be printed on certificate

Name _____
Last First Middle Initial

SS # _____ (Required) Birthdate _____

Address _____

City, State, Zip _____

Day Phone _____ Evening Phone _____

E-Mail _____

I give Mott Community College authorization to provide my employer and/or case manager of the agency I am working with any information pertaining to my attendance, knowledge of subject, grades, and participation in training.

Refunds - A full refund will be made if a class is cancelled due to low enrollment. To withdraw from a class call (517) 552-2163. You must withdraw no less than 14 business days prior to the start of class to receive a full refund. No refunds will be given after this time. Refund checks will be mailed within four weeks.

_____
Student Signature Date

List of Courses enrolling into:

Course Title	Start Date

Method of Payment Total Charges $ _____

☐ Check # _____ ☐ Credit Card ☐ PO #_____

We will call to confirm receipt of registration and request more payment information

Company Name _____

Contact person _____

Phone Number _____

MOTT COMMUNITY COLLEGE LIVINGSTON CENTER

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