

CREDIT EXTENSION COURSE REGISTRATION FORM

Print clearly in ink. Register one person per form. Photocopy form as needed.

**ATTENTION STUDENTS:
BE SURE TO READ THE CREDIT EXTENSION REFUND POLICY IN THE CATALOG**

NEW STUDENTS MUST FILL OUT AN MCC APPLICATION FOR ADMISSION

Applicant's Name (last) (first) (middle) Previous Name (if any)

Social Security # (for Student ID) Banner ID# Date of Birth

Home Address (number and street, city/town, state, zip)

Telephone Number(s) (Home) (Business) (Cell) Email address

CRN# COURSE TITLE DAY(S)/TIME START DATE # OF CREDITS

I hereby authorize the use of my
MasterCard Visa Discover Card

Total Fees: _____
(include any applicable lab or studio fees)

Credit Card # _____

New Student Application Fee: _____
(\$20 application fee must be paid by a separate check made payable to "MCC")

Cardholder name (print) _____

Cardholder signature _____

Relationship to student _____

Cardholder address _____

Student Signature **Date**

Cardholder phone _____ Exp. date (mo/yr) _____

I acknowledge that I have read the Credit Extension refund policies.

**ATTENTION STUDENTS:
BE SURE TO READ THE CREDIT EXTENSION REFUND POLICY IN THE CATALOG BEFORE YOU REGISTER**

Office Use Only Regis. Special Receipt # Date