

**Registration Term and Year**

- X Fall 2009
- Winter \_\_\_\_\_
- Spring/Summer \_\_\_\_\_

**Monroe County Community College**  
**Lifelong Learning Registration Form**  
 Corporate and Community Services Division  
 1555 South Raisinville Road • Monroe, Michigan 48161  
 Office (734) 384-4127 / Fax (734) 384-4190

♦ ONE FORM PER PERSON ♦

Social Security Number
/ /

Student ID Number

Last Name

First Name

M.I.

Home Address

City

State

Zip Code

<u>Residency Status</u>
<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

Course Number	Class Title	Time	Start Date	Location	Tuition	Fee *
Prof 714	Career Decisions	5:30-7:30pm	10/7/09	WC-9	\$24.00*	
Pers 732	Dynamic Resumes & Cover Ltrs	5:30-7:30pm	11/11/09	WC-9	\$24.00*	
Pers 722	Successful Interviewing	5:30-7:00pm	11/18/09	WC-9	\$24.00*	

**\* FREE FOR CURRENTLY ENROLLED MCCC STUDENTS**

**Total Due**

\*Fee included in Tuition

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