

# Mott Community College On-Line Application

## Verification/Signature

### REPLACEMENT FORM

Thank you for applying online. However, before your application can be fully processed, please complete the following required information.

(Please Print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

I certify that the information given on this application is correct and complete.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

If you are under 22 years of age, please have your official high school transcript sent directly to the Admissions Office.

Signing this document gives your high school permission to release your transcript to Mott Community College.

Thank you for your cooperation and for more information regarding Financial Aid, Please call (810) 762-0448.