Mott Community College
Class Schedule Worksheet

Student ID # _____

Term

____ Spring
____ Summer
____ Fall
____ Winter

First Name MI Last Name

Address

City/State/Zip

Telephone #

☐ Please check if this is a new address

____/_____/_____
Date of Birth
(mm/dd/yy)

Method of Payment

___ Cash
___ Check
___ Credit Card
___ Financial Aid
___ UAW/GM
___ Other

I agree to pay for all charges I incur including tuition & non-refundable fees. If I decide not to attend college, these classes **must be dropped by me**. (See published tuition refund dates). I am aware of the policies pertaining to tuition and fees including charges associated with any changes that I make to this schedule.

Student Signature **Date**

✓ to Drop	Course Section Code	Course Title	Campus Main, SLBC, LAPR, NTC	Course Dates Begins	Course Dates Ends	Credit/Contact Hours		Days	Times Begins	Times Ends	Instructor Signature (if required)
✓	ENGL 101-01	English Comp	Main	mm/dd	mm/dd	3	3	M/T/W/R/F/S	9:00	10:00	

Totals ____ _____

_____ _____
Authorizing Signature* Date

*Advisor or Counselor Signature required for all students on Academic Probation
*Students taking more than 18 credits (9 for Spring/Summer) must have the signature of the Dean of the Division that houses their program of study