Mott Community College ~ Community Education – Clio

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(810) 232-8044 • FAX: (810) 686-9706

PLEASE PRINT CLEARLY ☐ GOLDCARD ☐ FACULTY/STAFF **STUDENT ID # (☐ New)** _____ **DATE** ____/____/200__

NAME _____ **SOCIAL SECURITY #** ____–____–____ **BIRTHDATE** ____/____/19__

ADDRESS _____ **CITY** _____ **STATE** MI **ZIP** _____

DAY PHONE (_____) _____ **EVENING PHONE** (_____) _____ **GENDER:** M F
__Home __Business __Cell __Home __Business __Cell

E-MAIL ADDRESS _____

How did you hear about our classes? ☐ CE Office ☐ Mailed Brochure ☐ Web ☐ Cty Press ☐ LAView ☐ Friend ☐ Other: _____

COURSE INFORMATION

☐ GOLD CARD

Section Code	Course Title	Day(s)	Start/End Date(s)	Start/End Time	Book Fee	Tuition
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____
NOCR-_____-0___				AM/PM – AM/PM	$_____	$_____

METHOD OF PAYMENT

Check # _____ **Sponsor** Mich. Works! Manager _____

Money Order # _____ Gold Card: New __ Processed __ MCC __ Other _____

Credit Card # _____ **Exp. Date** _____/_____ **V-Code** _____

Credit Card Type AX D MC V **Authorized Name** _____

TOTALS

Tuition $_____

Book Fee +_____

GC -_____

TOTAL $_____

Revised: 08/2010