

# Mott Community College Class Schedule Worksheet

Student ID # \_\_\_\_\_

<b><u>Term</u></b>
___ Spring
___ Summer
___ Fall
___ Winter

First Name	MI	Last Name
Address		<input type="checkbox"/> Please check if this is a new address
City/State/Zip	Date of Birth (mm/dd/yy)	
Telephone #		

<b><u>Method of Payment</u></b>
___ 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**. Full refund is through the 7<sup>th</sup> day from the start of the term. Half refund begins the 8<sup>th</sup> day and ends the 11<sup>th</sup> day from the start of the term (Available terms could include: 15 week, 1<sup>st</sup> Half, Delayed Start, 2<sup>nd</sup> Half). Dates are subject to change due to holidays and weekends. (See published tuition refund dates for current information). I am aware of the policies pertaining to tuition, refunds, 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		Credit/Contact Hours		Days	Times		Instructor Signature (if required)
				Begins	Ends	Begins	Ends		Begins	Ends	
✓	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.