Mott Community College
Class Schedule Worksheet

Student ID # _____

Term

____ Fall
____ Winter
____ Summer

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.** Full refund is through the 7th day from the start of the term. Half refund begins the 8th day and ends the 11th day from the start of the term (Available terms could include: 15 week, 1st Half, Delayed Start, 2nd 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 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 must have the signature of the Dean of the Division that houses their program of study