

**Registration Term and Year**

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Spring/Summer \_\_\_\_\_

Monroe County Community College  
**Lifelong Learning Registration Form**  
Corporate and Community Services Division  
1555 South Raisinville Road • Monroe, Michigan 48161

Office (734) 384-4127 / Fax (734) 384-4190

♦ **ONE FORM PER PERSON** ♦

Social Security Number  
\_\_\_\_\_  
\_\_\_\_\_

Student ID Number  
\_\_\_\_\_  
\_\_\_\_\_

Last Name  
\_\_\_\_\_  
\_\_\_\_\_

First Name  
\_\_\_\_\_  
\_\_\_\_\_

M.I.  
\_\_\_\_\_  
\_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

City  
\_\_\_\_\_  
\_\_\_\_\_

State  
\_\_\_\_\_  
\_\_\_\_\_

Zip Code  
\_\_\_\_\_  
\_\_\_\_\_

Residency Status  
Monroe County  
Out of Monroe County  
Out of State

Day Phone Number  
\_\_\_\_\_  
\_\_\_\_\_

Evening Phone Number  
\_\_\_\_\_  
\_\_\_\_\_

Other Phone Number  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone  
Pager  
Campus  
Fax

Date of Birth  
\_\_\_\_\_  
\_\_\_\_\_

Gender  
M F

E-mail Address  
\_\_\_\_\_  
\_\_\_\_\_

Course Number	Class Title	Time	Start Date	Location	Tuition

Tuition & Fees	Method of Payment	FOR OFFICE USE ONLY
\$ _____	Cash, Check, or Money Order (payable to MCCC)	<u>Origin of Registration</u> Phone-in Walk-in Mail-in Fax-in Contract Training Off-site EDJT Training Other _____
\$ _____	Visa, MasterCard, or Discover - Name of Cardholder _____ Zip Code of Billing Address (required) _____ Card # _____ Exp. Date _____	
\$ _____	Company Authorized Billing: Waiver # _____ Company _____	
\$ _____	MCCC Employee Tuition	
\$ _____	Senior Citizen Scholarship	
\$ _____	<b>TOTAL TUITION &amp; FEES PAID</b>	Rcvd. By _____ Date _____