# Direct Credit Registration Form

**Student Information**

MCC ID Number: ____________________  School: ____________________________________________

______________________________________________  ________________________________  ________
Legal Last Name  Legal First Name  Middle Name

__________________________________________  ____________________________  ____________
Street Address  ____________________________  Birth Date

__________________________________________  ____________________________  ____________
City  State  ZIP Code

__________________________________________  ____________________________  ____________
Home Phone  Cell Phone  Email

Current Grade Level:  □ 9  □ 10  □ 11  □ 12  Expected Graduation Date: ____________________

**Courses Requested**

*To Be Completed by High School Principal*

<table>
<thead>
<tr>
<th>CLASS NUMBER ONLY</th>
<th>TIME</th>
<th>OFFICE USE ONLY (Semester and Section #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: CAD-100</td>
<td>□ AM</td>
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</tbody>
</table>

*Please Note: This form should be completed and submitted to MCC prior to the start of the class(es).*

**For Office Use Only - To be completed by designated MCC Official**

Registered:  Billing:  PERC:  Waiver:  Other (Explain):
**Student Release Authorization**

I certify that all the answers on this application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of admission and/or registration. I agree to become knowledgeable about MCC’s rules and regulations and abide by them. *I understand that course transferability varies by institution, and that it is therefore my responsibility to check with the receiving institution to see if my credits will transfer.* MCC may release my academic records to my school as listed below, including but not limited to: course progress, attendance, and final course grade(s). *I understand that I am responsible for ALL tuition and charges related to attending MCC if a course is not approved by the school district.*

Student Signature ___________________________ Date _____________

**Parent/Guardian Information and Release**

I understand that my child intends to enroll in a college course. I understand that my student will be required to meet all attendance and classroom participation requirements expected of a college student. My student and I agree to become familiar with college policies covering course withdrawal, tuition refunds, class attendance and campus standards of conduct outlined in the MCC catalog. I understand that information regarding my child’s course progress, attendance, and final grade(s) will be shared with the principal or counselor of his or her school upon the school’s request in accordance with the Family Educational Rights and Privacy Act Regulations (FERPA).

Parent or Legal Guardian Signature ___________________________ Date _____________

**School Information**

Direct Credit Coordinator Name ___________________________ Office Phone ___________________________

Email ___________________________ Fax Number ___________________________

I hereby authorize this student to enroll in named Muskegon Community College course(s).

Principal Signature ___________________________ Date _____________

Printed Name ___________________________

**Payment Information**

☐ School District - I hereby authorize payment for enrollment in named Muskegon Community College course(s).

Principal Signature ___________________________ Printed Name ___________________________ Date _____________

☐ Student/Parent – Payment is included.

**Final Grade Report Release Information - Grades will be sent to the following:**

Contact Name ___________________________ Title ___________________________

School ___________________________ Phone Number ___________________________

Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________