



## Sponsor Authorization Request Form

### Sponsor/Company Information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact/HR Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
County

**Our company agrees to pay the costs for the following items: (Check all that apply)  TUITION/FEES  BOOKS**

Signing this form indicates the sponsor agrees to be billed for any and all costs accrued for the authorized classes. If the student fails to complete the course(s) or withdraws after the published refund period, the sponsor guarantees payment to MCC. Invoices are processed after the refund period with terms of "Net 30 Days". Signing this form means the sponsor guarantees payment without regard to the completion of the class, the final grade, or termination of employment.

\_\_\_\_\_  
Printed Name of Official

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Date

### Student Information

If the student has not applied for admissions to MCC, he/she must complete the application at [www.muskegoncc.edu/apply](http://www.muskegoncc.edu/apply)

\_\_\_\_\_  
MCC ID Number

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

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

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

**Apprenticeship**

Is this sponsorship part of an apprenticeship program?  Yes  No  
If yes, is this a registered apprenticeship?  Yes  No  
Are you seeking a Journeyman’s card?  Yes  No

**Authorization for Classes**

Enter the course sections below for which you are authorizing the employee to take at MCC.

Semester:  Fall  Winter  Summer Year: \_\_\_\_\_

**Course Number and Section Number** (e.g. ENG 101 F08) \_\_\_\_\_

**Day, Time and Location** (e.g. M W F 8-9am Rm 334) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Release Authorization**

I certify that all the answers on this application are complete and accurate to the best of my knowledge. 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 grades, transcripts and other information relating to my attendance and progress to the sponsoring company/organization and officials noted on the previous page.

*I understand that I am responsible for ALL tuition and charges related to attending MCC if a course is not approved by the sponsor. Students are responsible for all costs associated with enrolled courses in addition to or in lieu of the ones noted above.*

\_\_\_\_\_  
Student’s Printed Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**PLEASE EMAIL THE COMPLETED FORM TO:**

**Stephanie Briggs**

**[Stephanie.Briggs@muskegoncc.edu](mailto:Stephanie.Briggs@muskegoncc.edu)**

**Note: Please allow 3 business days for processing**

<b>For Office Use Only - To be completed by designated MCC Official</b>		<b>Other (Explain):</b>
Date Registered:	Date to Billing:	
Date of PERC:	MCC Staff Initials: _____	