



Surgical Technology Apprenticeship Request Form

Sponsor/Company Information:

Company Name

Contact/HR Name

Street Address

Phone Number

City

State

Zip

Fax Number

Email Address

County

Billing – Please complete this section

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

Reduce sponsor funding by the amount of all other grant or scholarship awards available to student YES NO

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

MCC ID#

Legal First Name

Legal Last Name

Middle Name

Street Address

Birth Date

City

State

ZIP Code

County

Home Phone

Cell Phone

Email

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 grade, 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:

Ashley Battle

Ashley.battle@muskegoncc.edu

Note: Please allow 3 business days for processing

