



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

CLASS NUMBER ONLY

TIME

OFFICE USE ONLY (Semester and Section #)

EXAMPLE: CAD-100 _____

AM PM

AM PM

AM PM

AM PM

AM PM

AM PM

****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

Other (Explain):

Registered:

Billing:

PERC:

Waiver:

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