



Sponsor Authorization 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 Supplies
Reduce sponsor funding by the amount of all other grant or scholarship awards available to student Yes No
Sponsor will be using One Workforce Grant 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. More information on sponsorship please visit www.muskegoncc.edu/sponsor.

| | | | |
|-------------------------|---------------------------|--------------------------|----------------------|
| _____ MCC ID# | _____ 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

Select Current Semester: Fall Winter Summer Year: _____

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

Course Name 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

