



Sponsor Addendum Form
(For changes to initial Sponsor Authorization Form)

MCC ID Number	Student Full Legal Name		
Company	Contact/HR Name		
Street Address	Phone Number		
City	State	Zip	Fax Number
Email Address	County		

NEW COURSES TO BE ADDED:

Note: Please allow 3 business days for processing. Courses requested are subject to availability/eligibility at time of registration.

Course Number and Section Number <i>(e.g. ENG 101 F08)</i>	Day, Time and Location <i>(e.g. M W F 8-9am Rm 334)</i>

OLD COURSES TO BE DROPPED:

Course Number and Section Number <i>(e.g. ENG 101 F08)</i>	Day, Time and Location <i>(e.g. M W F 8-9am Rm 334)</i>

Student Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

PLEASE EMAIL THE COMPLETED FORM TO:

Admissions

admissions@muskegoncc.edu

Note: Please allow 3 business days for processing