



# EMPLOYER SPONSOR INFORMATION FORM

## STUDENT INFORMATION

Student ID#	Birth Date	Gender	M	F	Other
Last Name	First Name	MI			
Street Address					
City	State	Zip			
Phone Number (Home)	Phone Number (Cell)				
Email Address					

\_\_\_\_\_ I authorize MCCC to release attendance and grade information to the below named employer.

\_\_\_\_\_ By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.

## EMPLOYER INFORMATION

Company Name/Organization \_\_\_\_\_ authorizes MCCC to register the student listed for the continuing studies classes listed below and will take responsibility for payment of all tuition and fees.

*\*Please reimburse your employees directly for the books purchased from the bookstore.*

Manager's Name	Title	
Phone Number	Fax Number	
Email Address	Mailing Address	
City	State	Zip
Billing Department Contact	Title	
Phone Number	Fax Number	

## COURSE INFORMATION

Course/Section	Title	Dates	Day of week	Time	Cost
Total Cost					

Payment: Total Cost is due upon registration. A Refund can be issued ONLY if you withdraw from a course ten or more days before the start of class. Credit card payments will be refunded to the credit card; cash and check payments will be refunded via a check from MCCC made payable to the student.

## PAYMENT INFORMATION

Credit Card Type:	Credit Card#	
Exp. Date	CVV# (3 digit # on back)	
Card Holder Name	Amount to be Charged	
Card Holder Address		
City	State	Zip

Mail registration form to  
 The Center for Continuing Studies  
 1200 Old Trenton Road, West Windsor, NJ 08550 or e-mail to ComEd@mccc.edu. DO NOT SEND CASH.