



# Muskegon Community College

221 South Quarterline Road ♦ Muskegon, MI 49442

## Direct Credit Registration Form

### Student Information

School Paying Bill:	Coopersville	Newaygo CTC
	Whitehall	Careerline Tech Center
	Muskegon CTC	Hamilton

MCC ID Number: \_\_\_\_\_

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 Year: \_\_\_\_\_

### Authorization for Classes

Select Current Semester:    \_\_\_ Fall   \_\_\_ Winter    Year: \_\_\_\_\_

### Courses Requested

*To Be Completed by Direct Credit Liaison*

CLASS & SECTION #	TIME	OFFICE USE ONLY <i>(Semester and Section #)</i>
<b>EXAMPLE: BUS 131 DCNW62</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	

**\*Please Note: This form should be completed and submitted to MCC prior to the start of the class(es).**

<p><b>For Office Use Only - To be completed by designated MCC Official</b></p> <p>Registered: _____                      Billing: _____</p> <p>PERC: _____                              Waiver: _____</p>	<p><b>Other (Explain):</b></p>
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## 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 Coordinators 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