

## Non-Credit Registration Form

Individuals who wish to enroll in semester hour credit courses must complete an MGCCC Application for Admission.

**Directions:**

1. For accurate processing, please complete the form in its entirety.
2. Payment, if applicable, can be made at a MGCCC Business Office (full payment must be made prior to the official registration).
3. Registrants will be entitled to a 100 percent refund, provided written notification is received by the appropriate MGCCC community or workforce employee one week prior to the start of the class. If class is canceled, a full refund will be given. A registrant may designate a substitute person to attend if notification is received at least 24 hours prior to the beginning of the class or program.
4. For the complete MGCCC refund policy, please see the Community Education web page.
5. Registration and enrollment for all non-credit training programs are strictly on a first come basis.
6. The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. If you do not want your name, photograph or other directory information included in publications, please indicate below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_  Please check if you do NOT want your name or photo in publications

Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

MGCCC M#: \_\_\_\_\_ (Assigned by College if New Student) Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**Highest Education Level Completed** (Check one)  
 Less than High School/Non-graduate (Highest Grade Completed)  
 High School Degree/GED  
 Some College (No degree)  
 Associate Degree  
 Bachelor Degree  
 Graduate/Professional Degree

**Gender**  
 Female  Male

**Race** (Check All That Apply)  
 American Indian/Alaska Native  
 Asian  
 Black/African-American  
 Hawaiian Native or other Pacific Islander  
 Hispanic or Spanish Culture (regardless of race)  
 White

**Business/Company Training Interest**  
 Community/Workforce Partner  N/A  
 Business: \_\_\_\_\_  
 Business Badge #: \_\_\_\_\_

**Employment Status**  
 Full Time  
 Part Time  
 Seasonal Employment  
 Most Recent Employment is/was Temporary  
 Retired  
 Unemployed

Course Title	PK	JD	JC	GC	WH	AMTC	KB	NB	Start Time	End Time	Start Date	End Date	Cost

**Total Cost:** \_\_\_\_\_

AGREEMENT: I am acknowledging that this electronic signature serves as my official signature with understanding that it is legally binding. MGCCC is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a MGCCC Center, Campus, or the District Office. Compliance is coordinated by the V.P. for Administration and Finance, 601-928-5211.

\_\_\_\_\_  
Signature Date

Check #: \_\_\_\_\_ Bank: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ P.O. \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (MM/YY) Security # (on back): \_\_\_\_\_

FOR OFFICE USE ONLY.....

ID #: \_\_\_\_\_ Name: \_\_\_\_\_ Term: \_\_\_\_\_ Cost: \_\_\_\_\_

MGCCC reserves the right to substitute instructors, change class schedules, and cancel programs due to insufficient enrollment or unforeseen circumstances.