REGISTRATION FORM

SEMESTER/SESSION: ? Fall 20________ ? Spring 20_______ ? Summer 20________

Today's Date:_____________ Social Security Number:__|__|__|-|__|__|-|__|__|__|__|

PLEASE PRINT:

Full Legal Name:

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Last name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|

First name **Middle Initial**

Other names (nicknames, etc)_______________________________________

Home Phone: |__|__|__|- |__|__|__|- |__|__|__|__|

Mailing Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|

Number and Street or Post Office Number Apt. Number

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__| |__|__|__|__|__|

City State Postal Zip Code

Section # (4-digit)	Department & Number	Units	Check days						Time
			M	T	W	Th	F	Sa	

Alternate Sections: To replace each course in case original choice is full or canceled.

Section # (4-digit)	Department & Number	Units	Check days						Time
			M	T	W	Th	F	Sa	

COUNSELING DERPARTMENT CLEARANCE (REQUIRED)

1. For more than 18.5 (Fall/Spring); 7.0 (Summer)
2. If NEW to MPC & plan to earn a certificate, associate degree, or transfer to a four year college.
3. If no educational goal has been decided.
4. Form International Student Office, if NOT on Permanent Resident Visa status (A,F, etc.)

FEES (Check fees at www.mpc.edu new url)	Your Amount
College Center	$
Health Fee	$
Enrollment Fee-per unit	$
Non-Resident Tuition per unit	$
Materials Charge-cost varies	
TOTAL	$

(Please make check or money order payable to MPC-write Social Security number on front of check. All fees subject to change.