Macomb Community College
Education • Enrichment • Economic Development
Discover. Connect. *Advance.*

REGISTRATION FORM

PLEASE PRINT CLEARLY. **Must provide full name & at least one identification number.** Please list only **current** and **true** information for official records, certificates of completion or certification, and transcripts. This information will be maintained confidentially within FERPA guidelines.

Name: **Last** **First** **Middle** **Maiden**

Must provide at least 1 of these 3 items to identify you for official transcript records:

___ /___ /_____ _____

Birthdate (*mm/dd/yyyy*) **MCC-ID Number** (*if previously enrolled at MCC*)

Country of Citizenship: ☐ U.S. ☐ Other Country: _____

Home Mailing Address

City State or Province Postal Zip Code

Home Telephone Other Phone (*optional*)

Email Address

Employer – Name of Company

Employer Address

Employer City State Postal Zip Code

Class Name	Date	Time