Mott Community College
Class Schedule Worksheet

_____

Student ID #

Term
____ Spring
____ Summer
____ Fall
____ Winter

_____

First Name   MI   Last Name

_____

Address

☐ Please check if this is a new address

_____   ____/____/_____

City/State/Zip   Date of Birth

_____   (mm/dd/yy)

Telephone #

Method of Payment
___ Cash
___ Check
___ Credit Card
___ Financial Aid
___ UAW/GM
___ Other

I agree to pay for all charges I incur including tuition & non-refundable fees. If I decide not to attend college, these classes **must be dropped by me**. (See published tuition refund dates). I am aware of the policies pertaining to tuition and fees including charges associated with any changes that I make to this schedule.

_____

Student Signature   Date

✓ to Drop	Course Section Code	Course Title	Campus Main, SLBC, LAPR, NTC	Course Dates		Credit/Contact Hours		Days	Times		Instructor Signature (if required)
				Begins	Ends				Begins	Ends	
✓	ENGL 101-01	English Comp	Main	mm/dd	mm/dd	3	3	M/T/W/R/F/S	9:00	10:00	

Totals ____ _____

_____   _____

Authorizing Signature*   Date

*Advisor or Counselor Signature required for all students on Academic Probation

*Students taking more than 18 credits (9 for Spring/Summer) must have the signature
   of the Dean of the Division that houses their program of study