

Community Education Registration Form

Student Information

STUDENT ID # (new students will be assigned a number)

LAST NAME FIRST NAME M.I.

ADDRESS CITY STATE ZIP

HIGH SCHOOL ATTENDED STATE DAY PHONE GENDER

BIRTH DATE (required) PREVIOUS LAST NAME MOTHER'S MAIDEN NAME

Course Registration

COURSE NO.	SEC.	COURSE NAME	DAY(S)	TIME	ROOM	COST

Payment Information

You will be contacted if your class is filled or cancelled.

Paying by: Money order Check Please bill me

Payment Information: * Payment due date is the first day of the term (January 9, 2008). You may pay online with a check or bankcard/credit card. Log on to www.mhcc.edu and select MY MHCC, Student Financial Services. Payment in person may also be made in the Student Services Center.

Other options to register:

■ **FAX:** 503-491-7390 (use this form)

■ **PHONE:** Call 503-491-7572, 8:30 a.m.-4:30 p.m. Mon- Thurs.

■ **MAIL:** Please mail registration form and payment to:

**MHCC Community Education, Rm. 1162
26000 SE Stark Street, Gresham, OR 97030**

MHCC EDUCATIONAL GOAL

- A. 1-year Certificate or 2-year Degree
- B. High School Diploma or GED
- C. None
- D. Undecided
- E. No response

EMPLOYED (While in attendance)

- F. Full-time (35+ hrs/week)
- P. Part-time (5-34 hrs/week)
- N. Not employed

MAIN REASON FOR ATTENDING MHCC

- A. Take classes, transfer to a 4-year college
- B. Learn skills to get a job
- C. Improve job skills
- D. Explore career or educational options
- E. Take classes to finish high school or GED
- F. Improve writing, reading or math skills
- G. Learn English
- H. Personal interest/enrichment
- I. Other
- J. No response

READ BEFORE SIGNING

I acknowledge I am legally obligated to pay all charges incurred by registering. Charges may include late payment fees, reasonable collection costs, attorney's fees, and Oregon Department of Revenue charges related to the collection of all delinquent debts owed to the college. To have the charges removed, I must process a drop or withdraw form through the Admissions, Registration and Records Office during the refund period.

Student Signature _____