

PHONE: **601.482.7445**

FAX: **601.482.5803**

EMAIL: **rpierce@meridiancc.edu**

SOCIAL SECURITY NUMBER *(required)* _____ DATE OF BIRTH _____ / _____ / _____

NAME _____
Last First Middle Maiden

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTY _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

EMPLOYMENT STATUS: Employed Unemployed Retired

EMPLOYMENT TYPE: Full Time Part Time Seasonal

JOB TITLE _____

PLACE OF EMPLOYMENT _____

WORK ADDRESS _____

Male Female | RACE Asian Black/African American American Indian/ Alaska Native
 U.S. CITIZEN Yes No Hispanic White Other

EDUCATION LEVEL Some H.S. G.E.D. H.S. Graduate Some College
 AS/AA BS/BA Graduate Degree

YOU MAY REGISTER FOR MORE THAN ONE CLASS WITH THIS APPLICATION.

Class(es) in which you are enrolling: _____

PAYMENT METHOD

Cash Check # _____ Money Order Credit Card Free Class

Paid by Employer _____ Invoice Company _____

Total Payment: _____

MCC Non-Credit Refund Policy

All withdrawals and requests for refunds must be made at least one week prior to class beginning. Requests for refunds will NOT be accepted over the phone. Completion of the MCC Refund Request Form is required. NO refunds will be given once class has started or if you have attended the class. Meridian Community College reserves the right to substitute instructors, change class schedules and cancel programs due to insufficient enrollment or unforeseen circumstances. If a class is cancelled by MCC, you will be given a full refund within 30 days after cancellation.

Signature: _____ **Date:** _____

The Family Education Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. Check box if you do not want your name, photograph or other directory information included in publications, Internet or media.