Mott Community College
Class Schedule Worksheet

Student ID #

First Name       MI       Last Name

Address

__/__/_____ Date of Birth (mm/dd/yy)

City/State/Zip

Term
___ Spring
___ Summer
___ Fall
___ Winter

Telephone #

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**. Full refund is through the 7th day from the start of the term. Half refund begins the 8th day and ends the 11th day from the start of the term (Available terms could include: 15 week, 1st Half, Delayed Start, 2nd Half). Dates are subject to change due to holidays and weekends. (See published tuition refund dates for current information). I am aware of the policies pertaining to tuition, refunds, and fees, including charges associated with any changes that I make to this schedule.

<table>
<thead>
<tr>
<th>√ To Drop</th>
<th>Course Section Code</th>
<th>Course Title</th>
<th>Campus Main, SLBC, LAPR, NTC</th>
<th>Course Dates Begins</th>
<th>Ends</th>
<th>Credit/Contact Hours</th>
<th>Days</th>
<th>Times Begins</th>
<th>Ends</th>
<th>Instructor Signature (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
<td>ENGL 101-01</td>
<td>English Comp</td>
<td>Main</td>
<td>mm/dd</td>
<td>mm/dd</td>
<td>3</td>
<td>M/T/W/R/F/S</td>
<td>9:00</td>
<td>10:00</td>
<td></td>
</tr>
</tbody>
</table>

Totals _____ _____

Authorizing Signature*  
*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.