



**The Center for Continuing Studies of Mercer County Community College**  
**REGISTRATION FORM**

\_\_\_\_\_ Sex M F  
Student ID# Birth Date

\_\_\_\_\_ MI  
Last Name First

\_\_\_\_\_ Street Address

\_\_\_\_\_ Zip Code  
City State

\_\_\_\_\_ (Area Code) Telephone Number-Work  
(Area Code) Telephone Number-Home

COURSE NAME	COURSE NUMBER	COST

**Payment: Total Cost is due upon registration. A Refund can be issued ONLY if you withdraw from a course ten or more days before the start of class. Credit card payments will be refunded to the credit card; cash and check payments will be refunded via a check from MCCC made payable to the student.**

Type of Card: \_\_\_\_\_ (AMEX, VISA, Discover)

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ CSV: \_\_\_\_\_ (3 digit # on back of card)

Card Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

**OR** Check Number: \_\_\_\_\_ payable to Mercer County Community College

Mail registration form to The Center for Continuing Studies, 1200 Old Trenton Road, West Windsor, NJ 08550 or e-mail to [ComEd@mccc.edu](mailto:ComEd@mccc.edu). DO NOT SEND CASH.

PHONE: (609) 570-3311 / FAX: (609) 570-3883 / [www.mccc.edu/ccs](http://www.mccc.edu/ccs)