



In order to register you for these Merced College professional development classes, please make sure we have all of the information required for enrollment in the college.

There are three forms that need to be completed:

1. **Application for Enrollment (3 pages)**
2. **Schedule Change Request ("Add") Form**
3. **Payment Options Form**

Use the checklists below to make sure all the required information and signatures are provided on each form:

<p style="text-align: center;"><b>1. Application for Enrollment</b></p> <p style="text-align: center;"><i>** This form must be completed if: 1) you have never enrolled at Merced College; or 2) you were <u>not</u> registered for a class last semester. **</i></p> <p><u>Page 1:</u></p> <p><input type="checkbox"/> <b>Personal Information</b> <i>(SSN is not required but preferred. Date of Birth is required to establish individual identification. Please provide previous names you may have used to register for the college in the past.)</i></p> <p><input type="checkbox"/> <b>Contact Information</b></p> <p><input type="checkbox"/> <b>Education Information</b></p> <p><u>Page 2:</u></p> <p><input type="checkbox"/> <b>Residency Certification<sup>1</sup></b> <i>(Residency information allows the college to determine if you qualify for in-state tuition, as well as financial or student support programs that may apply to you.)</i></p> <p><u>Page 3:</u></p> <p><input type="checkbox"/> <b>Certification</b> <i>Please check all of the "acknowledge" boxes whether the information applies to you or not.</i></p> <p><input type="checkbox"/> <b>Sign &amp; Date</b> <i>We cannot register you without a signature.</i></p>
<p style="text-align: center;"><b>2. Schedule Change Request ("Add") Form</b></p> <p style="text-align: center;"><i>** This form needs to be completed for <u>each semester</u> of classes. **</i></p> <p><input type="checkbox"/> <b>Birthdate or Merced College Student Number</b> <i>(top left boxes)</i></p> <p><input type="checkbox"/> <b>Telephone Number</b></p> <p><input type="checkbox"/> <b>Last Name</b> <i>(Please provide current and previous last name if previously registered under different last name)</i></p> <p><input type="checkbox"/> <b>First Name</b> <i>(Same as Application for Admission - no nicknames)</i></p> <p><input type="checkbox"/> <b>Sign &amp; Date at the bottom</b> <i>All of the other information is completed for you.</i></p>
<p style="text-align: center;"><b>3. Payment Options</b></p> <p style="text-align: center;"><i>** Fill out the information on the form for whether payment will be invoice, credit card, or cash. **</i></p> <p><input type="checkbox"/> <b>Student Name &amp; Email (at the top of the form)</b></p> <p>Complete information for <u>one</u> of the three options:</p> <p><input type="checkbox"/> <b>Invoice to Organization</b> <i>or</i></p> <p><input type="checkbox"/> <b>Credit Card Payment</b> <i>or</i></p> <p><input type="checkbox"/> <b>Cash Payment</b></p>

Seats are reserved first come, first served based on completed forms sent to the Workplace Learning Resource Center (WpLRC) along with confirmation of payment (company invoice, credit card, or cash only). **Send forms to Grace Perez by email at [grace.perez734@mccd.edu](mailto:grace.perez734@mccd.edu) or by fax at 209-386-6793.** Call the WpLRC at 209-386-6733 if you have any questions.

**WAITLIST:** For students on the waitlist while we cannot guarantee a seat in class.  
*You are welcome to attend the first day of class to see if a seat will be available.*

<sup>1</sup> If you are a Temporary Resident, Permanent Resident, Refugee/Asylee, or have a Student Visa make sure to provide your **Alien Registration number** and the **date the number was issued.**

If you have not lived in California for one year and a day, you will be charged the out-of-state fee of \$127 for a ½ unit class.



## Residency Certification

### 1. What is your citizenship status?

- US Citizen       Temporary Resident       Permanent Resident       Refugee/Asylee       Other status

If Permanent or Temporary Resident or Refugee/Asylee, please provide:

Alien Registration #: A \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

Student Visa F-1/M-1

Visa Number: \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

Yes      No

- Is English the language you speak most often? If not English, I mostly speak: \_\_\_\_\_  
  Are you comfortable reading and writing English?

### 2. Please answer the following:

Yes      No

- Have you lived in California for at least the last two years from today's date?  
If NO and you currently reside in California, when did your **current stay** in California begin?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

- Do you intend to maintain California as your state of legal residence?

Have you (or if you are under age 19, your parents or guardian) ever:

Yes      No

- Registered to vote in another state? Year: \_\_\_\_\_  
  Petitioned for a lawsuit or divorce in another state? Year: \_\_\_\_\_  
  Attended an out-of-state educational institution as a resident of that state? Year: \_\_\_\_\_  
  Declared residency in another state for income tax purposes? Year: \_\_\_\_\_  
  Declared residency in an out-of-state college or university? Year: \_\_\_\_\_  
  Been determined to be homeless at any time in the last 24 months?  
  Ever been in court-ordered Foster Care?  
  Been employed as a seasonal agricultural worker for at least two whole months per year for each of the past two years?  
  Are you potentially eligible for the AB540 waiver?  
(AB540 waivers allow certain nonresidents to have their nonresident tuition fees waived. You must have graduated or will soon graduate from a California high school or the equivalent to be potentially eligible.)  
  Are you a full time credentialed employee of a CA public school enrolling in college for the purpose of fulfilling credential related requirement?



### 3. Armed Forces questionnaire:

Yes      No

- None apply to me.  
  Are you now on active duty in the armed forces?  
  Are you a dependent of someone in the armed forces?  
If Yes, what branch of the military? \_\_\_\_\_  
  Are you currently stationed in California?  
  If stationed in California, is it for educational purposes only?

Military Home of Record: \_\_\_\_\_ Military State of Legal Residence: \_\_\_\_\_

## Certification

- **Financial Aid Acknowledgement:** I acknowledge understanding that Federal and State financial aid programs are available and may include aid in the form of grants, work study, and/or available student loans; that I may apply for assistance for up to the total cost of my education including enrollment fees, books and supplies, transportation, and room and board expenses; that I may apply for financial assistance if I am enrolled in an eligible program of study and may receive aid if qualified, regardless of whether I am enrolled full-time or part-time.  
 I acknowledge
- **Selective Service Policy:** If you are a U.S. citizen or male living in the United States whose age is 18-25, you have an obligation to register in accordance with the Federal Military Selective Service Act (50 U.S.C. App[ 451 et seq.) Additional information can be obtained at the U.S. Postal Office or at the web site of the Selective Service whose URL is [www.sss.gov/welcome.html](http://www.sss.gov/welcome.html).  
 I acknowledge
- **Residency Policy:** You may be required to supply additional information to determine your residency status. Such information might be evidence in accordance with Education Code Sections 58040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to provide requested residency information will result in a determination of non-resident status.  
 I acknowledge
- **Nondiscrimination Policy:** Pursuant to appropriate California Education Code(s) the district shall not deny any person registration or enrollment because of the individuals ethnic group identification, religion, marital status, age, sex, handicap, or any other categories, as defined or required by law.  
 I acknowledge
- **Do you want Merced College to Release Directory Information?**       Yes       No  
**FERPA policy:** Under notification of the Family Education Rights and Privacy Act, you may, at the time you actually enroll, direct the college to withhold release of directory information to persons not employed by the college. Directory Information includes your name, address, and phone number, dates of attendance, major of study, award/degrees received, date of birth and the most recent institution previously attended.
- **Note to applicant:** Be informed that you cannot be required to provide a Social Security Number, which is used by colleges to identify student records, and is authorized by the state Chancellor's office of California Community College system for evaluation of educational programs and services. You may refuse to provide it. Also Public Law 104-208 known as the Solomon Amendment requires Merced College to provide student directory information to the Department of Defense, including Military recruiters.  
 I acknowledge
- **Do you want to receive your 1098-T Tuition Statement electronically?**       Yes       No  
The 1098-T is a tax form that is sent to students who paid "qualified educational expenses" in the preceding tax year. Qualified expenses include tuition, any fees that are required for enrollment, and course materials the student was required to buy from the school.

I certify under penalty of perjury that the information is correct and I understand that willful omission, falsification, or failure to report change in residency may result in my dismissal. I understand that the information submitted on this form becomes the property of the college and will be made available to state agencies for research purposes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MERCED COLLEGE SCHEDULE REQUEST FORM

 2016     2017     2018

 FALL     SPRING     SUMMER

Please enter either your Student ID Number, Date of Birth (MM/DD/YYYY), or Social Security Number in boxes below:

        
 K-12 Student     Continuing Student\*     New/Former Student\*\*  
 \* Continuing Student: If you were enrolled in Merced College last semester.  
 \*\* New/Former Student: If you were not enrolled in Merced College last semester.

LEGAL NAME: Do not use nicknames

STUDENT TELEPHONE NO. \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

## COURSE REGISTRATION/ADDS

Instructional Dean's signature required if effective date is after 3 <sup>rd</sup> week						OFFICIAL USE ONLY PRC = Pre-Requisite Challenge / MM = Multiple Measure / OTR = Other Transcript					
SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	COUNSELOR SIGNATURE REQUIRED IF PREREQUISITES NOT MET OR ON PROBATION	PLACEMENT OVERRIDE COUNSELOR APPROVED USING			INSTRUCTORS SIGNATURE TO ADD A CLASS (IF NEEDED)	DATE OF FIRST ATTENDANCE
							PRC	MM	OTR		
EXAMPLE: 1001	ENGL-85	3	MWF	7-10PM	IAC-122						
	MGMT-50L	.5	W	1-5:15PM	BRC-122					<i>J. Pistori</i>	5/9/18
W PM ELI: Authentic Leadership / May 9 & 16, 2018											

## COURSE DROPS

IT IS THE STUDENTS RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE				OFFICIAL USE ONLY
SECTION NO.	COURSE	DAY	TIME	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID 54
EXAMPLE: 1001	ENGL-85	MWF	7-10PM	

## PASS/NO PASS

Students have until the end of the following semester to change from PASS to a letter grade		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-85	3

STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE OR EXERCISE WILL ALSO BE ENROLLED IN A NO CHARGE- NON-CREDIT CLASS FOR RECORD KEEPING PURPOSES.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## Payment Options

In order to complete your registration to Merced College, please let us know how you will be paying: Invoice to Company/Organization, Credit Card, or Cash.

Complete the information below so that we can process your payment.

Registration for each 1/2 unit class is \$23.<sup>1</sup>

**Student Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Invoice Information

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Invoices are sent *after* classes are complete in case employees are unable to attend.

### Credit Card Payment

(Visa or Master Card Only)

Name: \_\_\_\_\_  
(as it appears on the card)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(associated with card)

Billing Address: \_\_\_\_\_  
(associated with card)

City, State, Zip: \_\_\_\_\_  
(associated with card)

Signature: \_\_\_\_\_  
(Electronic Signatures are not valid)

Date: \_\_\_\_\_

#### WPLRC OFFICE ONLY

MGMT \_\_\_\_\_

Section # \_\_\_\_\_

ID# \_\_\_\_\_

### Cash Payments

Check the box if you plan to pay with cash.

Payment must be received before registration can be processed. Cash payments can be made at the Merced College Business Resource Center in downtown Merced on 630 W. 19<sup>th</sup> Street, Merced CA 95340. We are open from 8:00 AM to 5:00 PM Monday - Friday (except during the summer when the college is closed on Fridays). Please bring exact cash for the number of classes you plan to register.

**Reimbursements:** If you are not able to attend class, and you paid through credit card or cash, you can: 1) keep the amount in your account to use for later classes; or 2) contact Student Fees to be reimbursed. Student Fees is located on the 3<sup>rd</sup> floor of the Leshar Building on the main Merced College campus. Their phone number is 209-384-6212.

<sup>1</sup> If the student has not lived in California for one year and a day, the out-of-state fee of \$127 for a 1/2 unit class is applied to registration for each class that semester.