



Registration Checklist

In order to participate in class, we need the Application for Admission and Schedule Request form completed with the necessary information and **signed on both forms**.

Application for Admission (Pages 2-6)

Page 2:

- First & Last Name
(If you attended Merced College in the past with a different last name, please provide that name under "Previous Name")
- Age
- Gender *(or Decline to State)*
- Date of Birth *(You are not required to provide your SSN, but we must have your date of birth to establish identification.)*
- Race/Ethnicity
- Phone Number & Mailing Address
- Parent Information *(Share the information you feel comfortable reporting)*

Page 3:

- Residency Determination *(select which age group you are in)*
- Residency Certification:
 - US citizenship *(if not a US citizen, need to provide Alien Registration Information)*
 - California Residency *(Please check "Yes" if you have lived in CA for at least 2 years)*
 - Out-of-state activities
- Military Information

Page 4:

- Education Status and Goals *(Skip – will be completed for you)*
- Education History: Must put high school name, city/state, start & end years
You can skip the "Student Support Services" and the "Optional" Sections

Page 5:

- Certification : Answer "Yes" or "No" for the three questions at the bottom

Page 6:

Optional Information: Not required but helpful for data on student demographics

- Sign & Date (WE CANNOT REGISTER YOU WITHOUT A SIGNATURE)**

Schedule Request Form (page 6 – top portion only)

- Date of Birth (or MC Student Number if known) Telephone
- Number Last Name & First Name
- Sign & Date (WE CANNOT REGISTER YOU WITHOUT A SIGNATURE)**

Payment Option (page 7)

- Student Name & Email (at the Top) Select ONE Option: Invoice, Credit Card, or Cash

Seats are reserved first come, first served based on completed forms sent to the Business Resource Center (BRC) along with confirmation of payment (company invoice, credit card, or cash only).

Send forms to Grace Perez by email at grace.perez734@mccd.edu or by fax at **209-386-6793.**

Call the BRC at 209-386-6733 if you have any questions.

WAITLIST: *We cannot guarantee a seat in class for waitlisted students, but you are welcome to attend the first day of class to see if a seat will be available.*

***If participants have not lived in California for one year and a day at the start of the semester, tuition is the out-of-state fee of \$130.50 for a ½ unit class.**



Application for Admission

Spring Summer/Fall

- 2019
- 2020
- 2021
- 2022

Office use:

- _____
- NAE
 - SCREENS

Personal Information			
First Name	Middle Name	Last Name	
Previous Name(s)		Preferred Name	
Email address		Social Security Number	<input type="checkbox"/> Decline to State
Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State		Date of Birth (MM/DD/YYYY)
Are you Hispanic or Latino? (Circle yes/no) <div style="display: flex; justify-content: space-around;"> YES NO </div> <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic type		What is your race/ethnicity? (Choose one or more) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian </div> <div style="width: 48%;"> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian type <input type="checkbox"/> Other Pacific Islander </div> </div>	
Contact Information			
_____ Cell Phone Number (xxx-xxx-xxxx)		_____ Home Phone Number (xxx-xxx-xxxx)	
<input type="checkbox"/> I authorize text messages to be sent to the cell phone number above and accept responsibility for any charges that result.			
Mailing Address (Street Number, Name, and Apartment/Unit/Space #)			
City	State	ZIP Code	
Residential Address (if different from Mailing Address above)			
City	State	ZIP Code	
Parent/Guardian Information			
Regardless of your age, please indicate the highest level of education attained by the parents and/or guardians who raised you.			
<u>Parent/Guardian #1</u> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Some high school, did not graduate <input type="checkbox"/> High school graduate (diploma, GED, or equivalent) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree (Master, Ph.D., etc.) <input type="checkbox"/> Unknown		<u>Parent/Guardian #2</u> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Some high school, did not graduate <input type="checkbox"/> High school graduate (diploma, GED, or equivalent) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree (Master, Ph.D., etc.) <input type="checkbox"/> Unknown	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been in court-ordered foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you ever homeless in the last 24 months?			

Residency Determination

By California law, resident tuition is based on the residency of your parent(s) or guardian(s) until you are 19 years of age, except in a few special circumstances. Check the box below that applies to you to determine whether you or your parent/guardian must answer the questions on this page:

Option A: I am 19 years old or older.
 (You must answer the following questions as they apply to you. **Skip to Question #1 below.**)

Option B: I am under 19 years old and at least one of the following is true about me:

- I am or have been married.
- I am legally emancipated.
- I do not have a living parent or guardian.
- I will be on active duty in the armed services as of the day before the first day of the term I am applying for.
- I have been self-supporting for at least one year as of the day before the first day of the term I am applying for.

(You must answer the following questions as they apply to you. **Skip to Question #1 below.**)

Option C: I am under 19 years old and NONE of the above statements are true about me.
 (Your parent/guardian must answer the following questions as it applies to them.
 Continue to Parent/Guardian Info section below.)

Parent/Guardian Information – REQUIRED ONLY IF YOU MARKED OPTION C ABOVE

First Name	Last Name	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
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Residency Certification

Required if chosen citizenship status has * or write N/A if not applicable.

1. What is THE STUDENT'S citizenship status?

- U.S. Citizen Temporary Resident* Student Visa F-1/M-1
 Permanent Resident* Refugee/Asylee* Other status*

*Alien Registration #: _____

*Date Issued _____

*Expiration Date _____

*Visa Type _____

*Date Issued _____

*Expiration Date _____

2. Please answer the following questions.

If you chose Option C above, your Parent/guardian must answer as it applies to them otherwise it applied to you.

Yes No

- Have you lived in California continuously for the last two years?
 If NO, when did your **current stay** in California begin? ___ / ___ / ___
 mm dd yyyy

3. In the last two years, have you 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: _____

 Is English the language you speak most often? If not English, I mostly speak: _____

Office Use Only

Residence Status

Military Information

Yes No


- Have you, your parent/guardian (if you are a dependent), or spouse ever served in the military?
If no, skip to next page.

What is your, your parent/guardian, or spouse's military status?

- Currently on active duty
 Veteran
 Member of Active Reserve
 Member of the National Guard

Date of Discharge (if known):

_____ mm/dd/yyyy

Education Status and Goal	Special Support Services
<p>Please choose one:</p> <p><input type="checkbox"/> First time college student <input type="checkbox"/> First time here, been to another college</p> <p><input type="checkbox"/> Returning here after an absence <input type="checkbox"/> Continuing (currently enrolled)</p> <p><input type="checkbox"/> Enrolling in high school and college at the same time</p>	<p>Merced College is committed to your educational success and has many services to assist your particular needs.</p> <p>Each category listed below provides special services to help you succeed.</p> <p>Please tell us which services would benefit you in some way:</p>
<p>Intended Major <u>Number</u> :  (see Major Code List on last page of application)</p> <p>05200.CO</p>	<p><input type="checkbox"/> Financial Aid</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Disabled Students Program & Services</p> <p><input type="checkbox"/> Transfer services</p> <p><input type="checkbox"/> Employment Assistance</p> <p><input type="checkbox"/> Basic skills</p> <p><input type="checkbox"/> Course tutoring</p> <p><input type="checkbox"/> English as a Second Language</p> <p><input type="checkbox"/> Extended Oppty. Programs/Services</p> <p><input type="checkbox"/> CalWORKs</p>
<p>Please choose one:</p> <p><input type="checkbox"/> Obtain a Bachelor’s Degree after completing an Associate’s Degree (A)</p> <p><input type="checkbox"/> Obtain a Bachelor’s Degree without completing an Associate’s Degree (B)</p> <p><input type="checkbox"/> Obtain a two-year Associate’s Degree without transfer (C)</p> <p><input type="checkbox"/> Obtain a two-year vocational degree without transfer (D)</p> <p><input type="checkbox"/> Earn a vocational certificate without transfer (E)</p> <p><input type="checkbox"/> Discover/formulate career interests, plans, goals (F)</p> <p><input type="checkbox"/> Prepare for a new career (acquire job skills) (G)</p> <p><input type="checkbox"/> Advance in current job/career (update job skills) (H)</p> <p><input type="checkbox"/> Maintain certificate or license (e.g. nursing, real estate) (I)</p> <p><input type="checkbox"/> Educational development/personal enrichment (J)</p> <p><input type="checkbox"/> Improve basic skills in English, Reading, or Math (K)</p> <p><input type="checkbox"/> Complete credits for high school diploma or GED (L)</p> <p><input type="checkbox"/> Currently at another college taking courses to meet requirements there (O)</p>	<p>Are you interested in participating in a sport while attending college?</p> <p><input type="checkbox"/> Yes, on a team</p> <p><input type="checkbox"/> Yes, not on a team</p> <p><input type="checkbox"/> No</p>

Education History

<p><input type="checkbox"/> Did not graduate</p> <p><input type="checkbox"/> Not in high school yet</p> <p><input type="checkbox"/> Currently a K-12 student*</p> <p><input type="checkbox"/> Enrolled in Adult School</p> <p><input type="checkbox"/> Received a High School Diploma</p> <p><input type="checkbox"/> Passed GED</p> <p><input type="checkbox"/> Certificate of Equivalency</p> <p><input type="checkbox"/> Certificate of Proficiency</p> <p><input type="checkbox"/> Foreign Secondary School Diploma</p> <p>* Students currently enrolled in a K-12 school must submit a “Permit for Special K-12 Students”</p> <p>For each class add requested and apply each semester they take classes.</p>	High School Name		College/University Name	
	City	State	City	State
	Began and Ended (mm/yyyy – mm/yyyy)		Began and Ended (mm/yyyy – mm/yyyy)	
	<p>Diploma Received (mm/yyyy)</p> <p>Date of High school Graduation _____</p> <p>Date of GED _____</p> <p>Date of Certificate of Equivalency/Proficiency _____</p> <p>GED/Certificate of Equivalency/Proficiency was obtained:</p> <p>_____ / _____</p> <p align="center">City State</p>		<p><input type="checkbox"/> Did not complete degree</p> <p><input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelor, Master, or Doctoral Degree</p> <p><input type="checkbox"/> Other type of degree</p> <p><input type="checkbox"/> Online College</p>	

Certification

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.

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 which, among other things, will greatly increase your tuition rate.

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.

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, phone number, dates of attendance, major of study, award/degrees received, date of birth and the most recent institution previously attended.

Social Security Number: 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 be informed that 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.

1098-T Information: 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.

Financial Aid Acknowledgment: Federal and State financial aid programs are available and may include aid in the form of grants, work study, and/or available student loans. I am aware 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 expense. I may apply for financial assistance if I am enrolled in an eligible program of study (certificate, associate degree, transfer) and may receive aid if qualified, regardless of whether I am enrolled full-time or part-time.

Do you authorize Merced College to release Directory Information (see FERPA Policy above)?

Yes No

Do you want to receive your 1098-T Tuition Statement electronically (see 1098 information above)?

Yes No

Do you acknowledge the Financial Aid policy of California Community Colleges (see Financial Aid policy above)?

Yes No

Optional Information

Yes No

Do you consider yourself economically disadvantaged?

1. Annual income below \$12,360 for a single person or \$16,590 for a couple, including \$4,230 additional per dependent child
2. Eligible for public assistance (i.e. Food stamps (SNAP), free or reduced lunch for your children)
3. Eligible for student Financial Aid

Check box if you receive:

- TANF (CalWORKs)
- SSI (Supplemental Security Income)
- General Assistance

Yes No

Are you a single parent?

Yes No

Are you a displaced homemaker (see definition below)?

1. Have not worked for 5 or more years except to provide unpaid services to family members
2. Have been dependent on either the income of another family member or on public assistance
3. Are no longer receiving income from either source or
4. Are currently unemployed or underemployed and having difficulty obtaining or upgrading employment

Yes No

Have you moved in the preceding 36 months to obtain or to accompany your parents or spouse to obtain temporary or seasonal employment in agricultural, dairy, or fishing?

I declare under penalty of perjury that all of the information in this application pertains to me and is true and correct. I understand that falsification, withholding pertinent data, or failure to report changes in residency may result in disciplinary action from the Merced Community College District. All materials and information submitted in this application for purposes of admission become the property of Merced Community College District.

Student Signature: _____ Date: _____



- | | |
|--|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2017 |
| <input type="checkbox"/> Summer | <input type="checkbox"/> 2018 |
| <input checked="" type="checkbox"/> Fall | <input checked="" type="checkbox"/> 2019 |

SCHEDULE REQUEST FORM

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> New/Returning Student* | <input type="checkbox"/> Continuing Student** | <input type="checkbox"/> K-12 Student |
|---|---|---------------------------------------|
- *New/Returning: If you were not enrolled last semester **Continuing: If you were enrolled last semester

Student ID# (Write your SSN or Date of Birth if you do not know ID#)		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X		Date	

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
							MM ✓	OTR ✓		
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122					
9705	MGMT-50D	.5	TH	8-12:15 PM	BRC-122					1/24/19
9709	MGMT-50H	.5	TH	8-12:15 PM	BRC-122					2/21/19
9707	MGMT-50F	.5	TH	8-12:15 PM	BRC-122					3/21/19
9711	MGMT-50I	.5	TH	8-12:15 PM	BRC-122					4/11/19
9703	MGMT-50B	.5	TH	8-12:15 PM	BRC-122					5/16/19
Customer Service Academy 2019 - Block Registration - Morning										

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY	
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54	
EXAMPLE: 1001	ENGL-01A		

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



- | | |
|--|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2017 |
| <input type="checkbox"/> Summer | <input type="checkbox"/> 2018 |
| <input checked="" type="checkbox"/> Fall | <input checked="" type="checkbox"/> 2019 |

SCHEDULE REQUEST FORM

- New/Returning Student*
 Continuing Student**
 K-12 Student
*New/Returning: If you were not enrolled last semester
 **Continuing: If you were enrolled last semester

Student ID# (Write your SSN or Date of Birth if you do not know ID#)		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X		Date	

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript			
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK			
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122	COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING MM <input checked="" type="checkbox"/> OTR <input checked="" type="checkbox"/>	INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
	MGMT-51G	.5	TH	8-12:15 PM	BRC-122				6/20/19
	MGMT-50C	.5	TH	8-12:15 PM	BRC-122				7/18/19
Customer	Service Academy 2019 -		Block Registration - Morning						

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54
EXAMPLE: 1001	ENGL-01A	

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



- | | |
|--|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2017 |
| <input type="checkbox"/> Summer | <input type="checkbox"/> 2018 |
| <input checked="" type="checkbox"/> Fall | <input checked="" type="checkbox"/> 2019 |

SCHEDULE REQUEST FORM

- New/Returning Student*
 Continuing Student**
 K-12 Student

*New/Returning: If you were not enrolled last semester
 **Continuing: If you were enrolled last semester

Student ID# (Write your SSN or Date of Birth if you do not know ID#)		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X		Date	

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						MM	OTR			
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	MGMT-51F	.5	TH	8-12:15 PM	BRC-122					8/22/19
	MGMT-50G	.5	TH	8-12:15 PM	BRC-122					9/19/19
	MGMT-52D	.5	TH	8-12:15 PM	BRC-122					10/24/19
Customer	Service Academy 2018 - Block Registration - Morning									

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54
EXAMPLE: 1001	ENGL-01A	

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



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 ½ unit class is \$23.¹

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.

Cash payments can be made at the Merced College Business Resource Center in downtown Merced on 630 W. 19th Street, Merced CA 95340. We are open from 8:00 AM to 5:00 PM Monday through 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 3rd floor of the Leshner Building on the main Merced College campus. Their phone number is 209-384-6212.

¹ If the student has not lived in California for one year and a day at the start of the semester, the out-of-state fee of \$127 is applied to registration for each class for that entire semester.