



**MCHENRY COUNTY COLLEGE
COMPANY SPONSORSHIP AGREEMENT**

8900 US Highway 14, Crystal Lake, IL 60012-2761 • 815-455-8910 • FAX – 815-455-3766 (ATTN: Registration)

CREDIT CLASSES: Registration Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	CONTINUING ED CLASSES: CE Year: _____
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PLEASE PROVIDE STUDENT INFORMATION <u>ONLY</u> IN THIS SECTION				Student ID# _____
Last Name _____ <small>(Please Print)</small>	/	First _____ <small>(Please Print)</small>	/	Middle Initial _____
Street Address _____	City _____	State _____	Zip Code _____	County _____
Home Phone _____	Work Phone _____	Birth Date _____	Email Address _____	
<u>STUDENT</u>				
<ul style="list-style-type: none"> My sponsor has my permission to fully access my educational records at MCC for the purpose of supervising my education and training. If my sponsorship is terminated or my sponsor does not pay for my tuition, fees and books within 30 days of the MCC billing dates, I understand that I will be liable for these costs and I will be billed accordingly. Sponsorship termination or failure to attend does not constitute withdrawal from the course. I understand it is my responsibility to withdraw from the course in accordance with the MCC withdrawal policy. Refund dates can be found on our website. 				
Applicant's Signature _____		Department _____	Date _____	

PLEASE LIST EACH COURSE AND THE PERCENT *OR* AMOUNT COVERED BY THIS SPONSORSHIP

COURSE PREFIX, NUMBER & SECTION	COURSE TITLE	PERCENT (%) COVERED BY COMPANY SPONSORSHIP	DOLLAR (\$) AMOUNT COVERED BY COMPANY SPONSORSHIP

COMPANY

<ul style="list-style-type: none"> <input type="checkbox"/> The company will pay all tuition fees and books within 30-days of the MCC billing dates. Upon receipt of the invoice, the company will notify MCC in writing of any employee whose sponsorship is terminated. Sponsorship may not be terminated after the class has ended. <p align="center">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is sponsored only for enrollment in course(s) and student is responsible for all cost of attendance. <input type="checkbox"/> Check box to verify student is employed full time (35+ hours per week)
Company Name _____ Company Phone _____
Company Address _____
COMPANY E-MAIL: _____
Approved by: _____ Date _____
Authorized Signature and Title

MCC OFFICE USE ONLY

Fire Science Only: Department credits to be applied towards cost of student attendance Number of credits _____

MCC Dept Chair or Dean Approval _____ Date _____

PROCEDURE

- COMPLETE FORM AND SUBMIT TO MCHENRY COUNTY COLLEGE AT ireg@mchenry.edu
- FORM WILL NOT BE PROCESSED UNLESS SIGNED BY APPLICANT AND AUTHORIZED COMPANY REPRESENTATIVE.**
- MCC RESERVES THE RIGHT TO REFUSE COMPANY SPONSORSHIP

Thank you for your cooperation and for choosing McHenry County College.

McHenry County College promotes and adheres to a policy of equal opportunity and non-discrimination in its admissions, employment, and educational programs and activities. Therefore, McHenry County College does not discriminate on the basis of race, gender, sexual orientation, ethnicity, national origin, age, religion, physical or mental disability, marital status, or status as a veteran. Lack of English Language skills will not be a barrier to admissions and participation in educational programs. (07/2019)