



MCHENRY COUNTY COLLEGE
COMPANY SPONSORSHIP AGREEMENT FOR PAYMENT
 8900 US Highway 14, Crystal Lake, IL 60012-2761 •815-455-8910• FAX – 815-459-0638(ATTN: Registration)

CREDIT CLASSES: Registration Year: _____ Fall Spring Summer CONTINUING ED CLASSES: CE Year: _____

PLEASE PROVIDE STUDENT INFORMATION ONLY IN THIS SECTION Student ID# _____

_____/_____/_____ Gender: M F

Last Name (Please Print) First (Please Print) Middle Initial

Street Address City State Zip Code County

Home Phone Work Phone Birth Date Email Address

STUDENT

- 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. In the event my account remains unpaid 30 days after I am billed, it will be forwarded to a collection agency and additional charges of 33.33% of the unpaid balance will be added to cover the cost of collections.
- 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. Withdrawal must be done in person, online, or by fax to the Registration office. 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

- 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.
- 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

PROCEDURE

- COMPLETE FORM AND SUBMIT TO MCHENRY COUNTY COLLEGE
- **FORM WILL NOT BE PROCESSED UNLESS SIGNED BY APPLICANT AND AUTHORIZED COMPANY REPRESENTATIVE.**
- MCC ENROLLS STUDENT, IF ELIGIBLE FOR ENROLLMENT IN PROGRAM, AND SENDS CONFIRMATION TO THE STUDENT. MCC WILL NOTIFY COMPANY IF STUDENT IS INELIGIBLE
- MCC RESERVES THE RIGHT TO REFUSE COMPANY SPONSORSHIP

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