



KELLOGG
COMMUNITY COLLEGE

Regional Manufacturing Technology Center
405 Hill Brady Road • Battle Creek, MI • 49037
rmtc@kellogg.edu

SPONSORED STUDENT BILLING AUTHORIZATION

NOTE: This is an authorization only.
The student must still register for these modules.

STUDENT INFORMATION	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH		
	CURRENT PHONE NUMBER		KCC ID NUMBER (K-ID)			

PROGRAM INFORMATION	PROGRAM NAME			COMPANY PROGRAM ID#	STUDENT MUST PUNCH TIME CLOCK AT RMTC <input type="checkbox"/> YES <input type="checkbox"/> NO
	CHECK THE SEMESTER AND YEAR (CHOOSE ONLY ONE): <input type="checkbox"/> FALL 20__ <input type="checkbox"/> SPRING 20__ <input type="checkbox"/> SUMMER 20__			DOL (DEPT. OF LABOR) REGISTERED APPRENTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:
	1)	3)	5)	7)	9)
	2)	4)	6)	8)	10)
Students will register for modules per this authorization.					

BILLING AND SPONSOR APPROVAL	<ol style="list-style-type: none"> Billing authorizations are due when the student is ready to register for a set of modules. Please allow five business days for the authorization to be processed. Each semester, sponsored students must complete the KCC registration process in person. Students will be invoiced directly for any registration activity outside the scope of this authorization. The company/agency will be invoiced for all registered modules shown above. Modules not completed by the end of semester registered will be graded with the grade earned at that time. By returning this billing authorization form, the sponsor is authorizing KCC to invoice the company/agency for training costs incurred by the student for the modules listed above. 					
	COMPANY/AGENCY NAME					
	STREET NUMBER/NAME			PHONE	FAX	
	CITY		STATE	ZIP	EMAIL	
	PRINTED NAME			TITLE		
	AUTHORIZED BY (SIGNATURE)				DATE	

STAFF USE ONLY	X06	STSP	NEW STUDENT	TIME CLOCK

Return this form to: **Kellogg Community College** | rmtc@kellogg.edu | Fax: 269-962-7370 | Phone: 269-965-4137