

# Monongalia County Adult Education

## ENROLLMENT APPLICATION

**\*Please Print and Press Firmly\***

MONONGALIA COUNTY ADULT EDUCATION  
1000 MISSISSIPPI STREET  
MORGANTOWN, WEST VIRGINIA 26501  
304-291-9243

\_\_\_\_\_ Today's Date \_\_\_\_\_ Initials and Birthdate  
Example: EGM07-17-71

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_

\_\_\_\_\_ Street/Route Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>Class Name</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Day/s</u>	<u>Fee</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Total Fee Due \_\_\_\_\_

Make Checks Payable to: MTEC     Cash     Check     Other

Charge Information: \_\_\_\_\_

Office Use Only: \_\_\_\_\_