

Term/Year Enrollment Intention				This form must be completed every term for EAP enrollment (only valid when paid)			
Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year _____	http://www.mdc.edu/mdconnect			

PART 1 – Student’s Personal Information

 Check One: New Student Continuing Student

Student’s Last Name _____ First Name _____ Middle _____ MDC Student ID _____

Student’s Current EAP Level _____ ACCUPLACER SCORES GUO/RDO _____ PERT or NG SCORES WRO/REO _____

PART 2 – CLASS SELECTION MORNINGS/NIGHTS

REF.	EAP ID	CLASS TITLE	DAYS	BEGINS	ENDS	PROF.	START	END DATE

Total Credits

_____ _____

Student Signature Date