MILWAUKEE AREA TECHNICAL COLLEGE

Nursing Pinning Ceremony Payment Form

Deadline: Tuesday May 5, 2015

Instructions:
1. Complete Form
2. Pay $15.00 at Cashier’s Office, have cashier stamp form “PAID”
3. Return stamped form to: Milwaukee Health Occupations Division Office (H116) or Mequon Nursing Resource Center (B201)

Section I: Nursing Department Receipt:

NAME: ____________________________________________________________

(INCLUDE MIDDLE INITIAL)

ADDRESS: _______________________________________________________________________

CITY/STATE/ZIP CODE: ____________________________________________

PHONE: (Home) ________________________ (Cell Phone) ______________________

MATC STUDENT ID#: _____________________________________________

STUDENT EMAIL ADDRESS: __________________________________________

SIGNATURE: ___________________________________ DATE: __________

DEPOSIT RECEIPTS TO 7-60-00003-2325-26335 SNA Pinning

Student ID#: ________________________ Paid $____________________ (Amount)

____________________________________________________________________

(Cashier’s Stamp)

ON ________________________

(Name) ________________________ (Date)

Section II Student’s Receipt Pinning Spring 2015 Payment Deadline: Tuesday May 5, 2015

DEPOSIT RECEIPTS TO 7-60-00003-2325-26335 SNA Pinning

Student ID#: ________________________ Cost $15.00

____________________________________________________________________

(Cashier’s Stamp)

ON ________________________

(Name) ________________________ (Date)

Section III Cashier’s Receipt Pinning Spring 2015

DEPOSIT RECEIPTS TO 7-60-00003-2325-26335 SNA Pinning

Student ID#: ________________________ Paid $____________________ (Amount)

____________________________________________________________________

(Cashier’s Stamp)

ON ________________________

(Name) ________________________ (Date)

Revised 03/25/13 (DTM)