Continuing Education Registration Form

A one-time $15 membership fee is required for new students

General Information – For Use Building the Non-Credit (NC) Application Only

Social Security Number _____-_____-_____ or assigned Student I.D. # _____-_____-_____

Student's Name _____
Last First Middle Initial Previous Name Used, If any

Mailing Address_____
Number and Street or P.O. Box Apt. #

_____
City State Zip Code County

E-mail Address _____ Alternate Email _____

Telephone (____) _____ (____) _____ (____)_____
Home Work Cell

For New Students Only:

Gender: ☐ Female ☐Male Primary Language: ☐ English ☐ Spanish ☐ Other _____

Date of Birth ____/_____/_____ Country of Birth _____ Country of Citizenship _____

Responding to the voluntary question and the information below will not be used in the admission process.
Ethnicity: ☐ White Non Hispanic ☐Native American ☐ Pacific Islander ☐ Hispanic ☐ Other _____

*Residency: **3** Basis of Admission: N-7 Personal Enrichment or N-8 Career Enrichment Program Objective: 8403 Personal Enrichment or 8406 Career Enrichment

Continuing Education Course Worksheet

Class Start Date	Course Number	Course Title	Reference Number	Fee	Days/Times	Location	Room
April 15, 2009	MED0100	CFP I Fund. Of Financial Planning	299835	$495	Wednesdays 4:30-7:30 p.m.	Urban Resource Center	TBA
		New student?	Application fee	+ $15*	* *For new*		
			Total	$_____	*FCCJ students*		

Payment is due before class start date. Sponsored students will be liable for any charges incurred on their behalf and will be billed by the College if the sponsoring agency does not render payment to the College in the prescribed manner.

Processed by (FCCJ employee) _____ Date _____