

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

Email 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 this is voluntary and the information 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 Program Objective: 8403 Personal Enrichment or N-8 Career Enrichment 8406 Career Enrichment

Continuing Education Course Worksheet

Class Start Date	Course Number	Course Title	Reference Number	Fee	Days	Times	Location

Inform student of fee total and that payment is due before class start date. Refer student to usual payment options. 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.

Payment Information

Payment is due prior to attending class. Please pay by check, money order, or approved credit card.

Enclosed is my total payment of \$ _____

Check payable to Florida Community College Visa MasterCard Discover American Express

Account Number _____ Exp. Date _____

Name on Card _____ Signature _____

Processed by (FCCJ employee) _____ Date _____