FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
OFF-CAMPUS REGISTRATION

COURSE NAME	REFERENCE #	TERM	INSTUCTOR'S NAME
CENTER NAME & #	SUPERVISOR/ADMINISTRATOR		DATE

NAME	SOCIAL SECURITY #	REGISTRATION FEE	*APPLICATION FEE

** I hereby certify that I have received the "Total Fees Collected" as shown here.

_____ _____ _____ $_____

Business Office Representative | Enrollment Services Representative | Date | Total Fees Collected

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* PP CODE = PREVIOUSLY PAID

** MUST BE ATTACHED TO ORIGINAL CASH RECEIPT Receipt #_____

Campus President_____

BRSR Form 013 Revised 09/01/05