

SJRCC Continuing Education Registration Form

TO REGISTER: Continuing Education registration is on-going. Completed registration form and payment must be received before noon on the last business day before the first course session. Go to <http://sjrcc.edu> for exact registration dates.

- **Walk In:** Register in person at any SJRCC Campus in the Records Office or Administration Building.
- **By Fax:** Fax completed Registration Form, with credit card payment information, to (386) 312-4048.
- **By Mail:** Mail completed Registration Form, with check, money order, or credit card payment information (do not send cash), to the SJRCC Records Office, 5001 St. Johns Avenue, Palatka, FL 32177.

Published Continuing Education course schedule is subject to change. For the latest Continuing Education course offerings, go to <http://sjrcc.edu> or call 386-312-4211. To receive a refund for a Continuing Education course, students must complete and submit a Course Withdrawal Form to SJRCC's Records Office prior to the first scheduled class meeting. No refunds after classes begin.

Name: Last _____ First _____ Middle _____ Previous _____			
Social Security #: _____		Birthdate: _____	
Gender-Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Address (include City, State, Zip): _____			
Telephone: Home (_____) _____ Cell (_____) _____ Email: _____			

Ethnicity-Check One:				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native
Citizenship-Check One:				
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Non-U.S. Citizen*	*If you are not a US citizen, indicate Country of Citizenship: _____		
*Permanent Resident Aliens indicate Resident Alien Number: _____		*Non-Resident Aliens indicate VISA held and expiration date of VISA: _____		

Residency Affidavit – Check One, Sign, and Date:	
<input type="checkbox"/>	Florida Resident: I am a United States citizen or have been admitted to the United States as an immigrant. I am a bona fide citizen, resident and domiciliary of the State of Florida and have resided in the State Florida a minimum of 12 months. I certify that the above information is correct.
<input type="checkbox"/>	Non-Florida Resident: I do not qualify for classification as a Florida Resident.
_____	_____
Applicant's Signature (sign in ink)	Date

STUDENT ACCOMODATIONS: If you require special services due to a disability, notify the Counseling Office on the campus nearest you a minimum of one week before the course start date so appropriate accommodations can be arranged. This information is confidential and does not affect your admission to the college.

CRN	Course #	Course Title	Start & End Dates	Time	Day	Campus & Room	Fee

Fax & Mail-in Registration Only:

Complete entire form and FAX to 386-312-4048 or mail to SJRCC Records Office, 5001 St. Johns Avenue, Palatka, FL 32177.

Method of Payment (Circle One): Check/Money Order/Visa/Mastercard	Payment Amount _____
Credit Card # _____	Card Expiration Date _____
Signature as it appears on credit card _____	