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 #/Student ID # : _____ **Birthdate**: _____ **Gender:** ____Male ____Female

Address (include City, State, Zip): _____

Telephone: Home (_____)_____ Cell (_____)_____

Ethnicity-Check One:

___White ___Black ___Hispanic ___Asian/Pacific Islander ___American Indian/Alaskan Native

Citizenship-Check One:

___U.S. Citizen ___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:

_____ **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.

_____ **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
11521	CWS0128A	Lesson Plan Development	09/12/2009	9am-12pm	S	SAC/L0132	$10.00
11522	CWS0128A	Lesson Plan Development	09/26/2009	9am-12pm	S	SAC/L0132	$10.00
11563	CWS0128A	Lesson Plan Development	09/26/2009	1pm-4pm	S	SAC/L0132	$10.00
		Completely cross out the sessions you will NOT attend	**Pay at the registration counter at registration or ONLINE in student account**				

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/Master Card **Payment Amount** _____

Credit Card # _____ **Card Expiration Date** _____

Signature as it appears on credit card _____