St. Petersburg College

NONCREDIT

REGISTRATION FORM

| Name | | Social Security # | | | AND SPC student ID | | | | |
|--|--------------------------|---|--|------------------|--------------------------------|--------------------|---------------|----------------------------------|--|
| Last *Your SSN or your birthdate must be ente | First ered legibly so | | <mark>M.I.</mark> trieve vour acade | emic records acc | curately | | | , | |
| All information is protected by public la | | | | mic records dec | , surviving s | * Birth date | / | / | |
| ermanent mailing address | | | | | | • | | | |
| Street Street | | City | | County | | State | | ZIP Code | |
| elephone - | | | _ | | | S | ПиГ | 1 | |
| Telephone | | Home/Evening/Cell | | | | Gender (optional) | | | |
| Information on ethnic origin of st | udents is VOLU | JNTARY and will n | ot be used for dis | criminatory pur | poses. Please | check the approp | riate box. (| (Optional): | |
| · · | | r Alaskan Native | • | | - | | , | ncific Islander | |
| _ | | | | | | | T | | |
| Class Title | Class # | Subject-Catalog # | Class Section # | Date Start ONL | Time Start | Building/Room | Day | Fee \$30.00 | |
| Apartments, Rooming Houses, & | 1513 | PSP 0863 | | ONL | | FTC | ONL | \$30.00 | |
| Iotels | | | | | | | | | |
| PERSON: Go to | Allstate Center | e 727-302-6853 or t r, 3200 34 th Street S Office, at P.O. Box 1 | in St. Petersbur | g BY MAIL: S | Send this form | with your check or | r credit card | COLLEGE.EDU IN d authorization t | |
| PAYMENT INFORMATION: | IECK/MONEY | ORDER: Payable t | A SPC DO NOT | MAII CASH | □ Bill n | ny department/PO | | | |
| | | MERICAN EXPRES | | | | • | | date: | |
| DECIDENCY CTATEMENT. | | | | | | | | | |
| esidence in Florida for at least 12 consecutiv | | swer: I hereby sole YES | <u> </u> | | SIDENT AND THAT SY SPONSORE | _ | and main | - | |
| Check reason(s) for signature: ☐ Credit Ca | ard □ Residenc | SIGNATURE | | | | DAT | Ε: | | |
| UPON PENALTY OF P | ERJURY (§83 | 7.06 F.S.), I HEREE | Y CERTIFY THA | T THE ABOVE | INFORMATIO | N IS TRUE AND C | CORRECT. | | |
| REFUND INFORMATION: Deadline for regi | stration or cand | cellation with refund | will be: | | | | | | |
| Name and address of Agency: | | | | | FC DICE #: | | | | |
| | | | | | | I C DIC | <u> π</u> | | |

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at (727) 341-3261 or by mail at P.O. Box 13498, St. Petersburg, FL 33733-3489.