St. Petersburg College

NONCREDIT

REGISTRATION FORM

| Name | | | | | Social Security # | | | AND SPC student ID | |
|---|----------------|------------------------------------|-----------------|-----------------|-------------------|-------------------|----------|--------------------|--|
| Last *Your SSN or your birthdate must be enter All information is protected by public law | | the college may re | | mic records acc | curately. , | * Birth date | | / | |
| Permanent mailing address | | | | | | | | | |
| Street | | City | | County | | State | ZIP Code | | |
| Telephone Work/Daytime | | <mark>Home/Evening/Cell</mark> | | | (| Gender (optional) | | | |
| Information on ethnic origin of students is VOLUNTARY and will not be used for discriminatory purposes. Please check the appropriate box. (Optional): | | | | | | | | | |
| | | r Alaskan Native | | | | | | cific Islander | |
| Class Title | Class # | Subject-Catalog # | Class Section # | | Time Start | Building/Room | Day | Fee | |
| Hood Systems Part II | 1516 | PSP 0863 | | ONL | | FTC | ONL | \$30.00 | |
| | | | | | | | | | |
| PHONE: Telephone 727-302-6853 or the number listed on brochures/flyers. SCAN & EMAIL TO: Skyrm.Cathy@spcollege.edu IN PERSON: Go to Allstate Center, 3200 34th Street S. in St. Petersburg BY MAIL: Send this form with your check or credit card authorization to SPC, Allstate Center Business Office, at P.O. Box 13489, St. Petersburg, FL 33733-3489. Attn: Allstate Center Business Office | | | | | | | | | |
| PAYMENT INFORMATION: By CHECK/MONEY ORDER: Payable to SPC. DO NOT MAIL CASH. Bill my department/PO | | | | | | | | | |
| By CREDIT CARD: □ VISA □ MASTERCARD □ AMERICAN EXPRESS Credit Card number:Expiration date: | | | | | | | | date: | |
| RESIDENCY STATEMENT: Please check the answer: I hereby solemnly affirm that I am a Florida resident and that I have established and maintained legal residence in Florida for at least 12 consecutive months: YES NO **** AGENCY SPONSORED? YES NO | | | | | | | | | |
| Check reason(s) for signature: Credit Card Residency SIGNATURE: DATE: | | | | | | | | | |
| UPON PENALTY OF PE | RJURY (§837 | 7.06 F.S.), I HEREE | BY CERTIFY THA | T THE ABOVE | INFORMATIO | N IS TRUE AND C | ORRECT. | | |
| REFUND INFORMATION: Deadline for regist | ration or cand | cellation with refund | will be: | | | | | | |
| Name and address of Agency: | | | | | FC DICE #: | | | | |
| E-mail address: | | | | | | | | | |

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.