

St. Petersburg College Corporate Training

ENROLLMENT/ REGISTRATION FORM

This Enrollment/Registration does not constitute regular admission to SPC.

STUDENT ID	SSN/ NATIONAL ID*	BIRTHDATE (optional)	TODAY'S DATE
		Mo Day Year	

Please PRINT LEGAL NAME in full:

FIRST NAME	MIDDLE NAME	LAST NAME

STREET	CITY	COUNTY	STATE	ZIP CODE	COUNTRY

PHONE/EMAIL

(H) _____

(W) _____ X _____

(C) _____

Home Email _____

Work Email _____

*Information on the ethnic origin of students is **VOLUNTARY** and will not be used for discriminatory purposes. Please check one (optional):*

American Indian or Alaskan Native

Asian or Pacific Islander

Black, Non-Hispanic

Hispanic

White, Non-Hispanic

Other

US CITIZEN? Yes No

If NOT a US citizen, what is your country of citizenship? _____

According to the US Immigration Service,

I have a resident alien number
Alien # _____

I have political asylum

I am a refugee

Date issued _____

Please attach copies of appropriate documentation

Visa type _____

GENDER (optional) Male Female

CLASS TITLE	CLASS #	SUBJECT/ CAT #	DATE START/END	TIME START/END	LOCATION	DAY(S)	FEE

REGISTRATION INFORMATION:

Register in Person. Go to Registration at the ICOT Training Center, Tarpon Springs, Clearwater, St. Pete Gibbs, Seminole, or Allstate sites.

Register by Mail. Send this form with your check or credit card authorization to St. Petersburg College Corporate Training Registration, PO Box 13489 St. Petersburg, FL 33733-3489.

Register by Fax. (727) 538-7228

* I acknowledge by my signature I understand the College is collecting my social security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance, and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precaution to safeguard use of the number. I also understand that should I choose not to have my social security number transmitted to the Internal Revenue Service (IRS) in response to Hope/Lifetime Learning Tax Credit reporting, I face the possibility of a fine of \$50.

Signature: _____

PAYMENT INFORMATION: **DO NOT MAIL CASH.**

Pay by Check: Make check payable to SPC.

Pay by Credit Card (Please Complete): Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Signature: _____

REFUND INFORMATION:

Refund requests must be made in writing (1) prior to the beginning of ONE-DAY CLASSES; or (2) prior to the second meeting of classes lasting more than one day.

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 shall not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at (727) 341-3257 or (727) 341-3261 or by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489

RESIDENCY STATEMENT:

A separate tuition fee is required for non-Florida residents enrolled in supplemental vocational courses. Fees for non-Florida residents are mandated by the Florida Legislature. "Residency for tuition purposes" is defined by the Florida Legislature.

Please check the statement that applies:

I do 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 since

Date residency began _____

I am a non-Florida resident for tuition purposes.

I DECLARE UNDER PENALTY OF PERJURY PUNISHABLE BY LAW AS A MISDEMEANOR UNDER SECTION 837.06, F.S. THAT THE FOREGOING RESIDENCY STATEMENT IS TRUE AND CORRECT.

Signature _____

Date _____

FOR OFFICE USE ONLY:

AUTHORIZATION: _____ DATE: _____

APPROVAL FROM STUDENT TO CHARGE A ONE-TIME \$35 APPLICATION FEE FOR CREDIT COURSES.

Name _____

Date _____