St. Petersburg College

NONCREDIT

REGISTRATION FORM

Name ___________________________ Last   First    M.I. ___________________________
*SSN ___________________________ or SPC student ID ___________________________

*Your SSN or your birth date must be entered legibly, so the college may retrieve your academic records accurately. All information is protected by public law, F.S. 1002.22, and SPC BOT Rule 6Hx23-4.37.

* Birth date _________/_________/_______

Permanent mailing address ___________________________ Street ___________________________
City ___________________________ County __________ State __________ ZIP Code __________

Telephone ___________________________ Work/Daytime ___________________________ Gender (optional) ________
                                              Home/Evening ___________________________ M   F

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

☐ White Non-Hispanic ☐ American Indian or Alaskan Native ☐ Black Non-Hispanic ☐ Hispanic ☐ Other ☐ Asian or Pacific Islander

Class Title ___________________________ Class # ___________________________ Subject-Catalog # ___________________________
Class Section # ___________________________ Date Start ___________________________ Time Start ___________________________
Building/Room ___________________________ Day ___________________________ Fee ___________________________

REGISTRATION INFORMATION:

PHONE: Telephone 727-341-4516 or the number listed on brochures/flyers. FAX: 727-341-4547 IN PERSON: Go to Allstate Center, Room 200, 3200 34th Street S., St. Petersburg, FL

BY MAIL: Send this form with your check or credit card authorization to SPC, Allstate Center, P.O. Box 13489, St. Petersburg, FL 33733-3489. Attn: Criminal Justice In-Service Training.

PAYMENT INFORMATION:

By CHECK/MONEY ORDER: Payable to SPC. DO NOT MAIL CASH.

By CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS Credit Card number: ___________________________ Expiration 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

UPON PENALTY OF PERJURY (§837.06 F.S.), I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Check reason(s) for signature ☐ Credit card ☐ Residency SIGNATURE: ___________________________ DATE: ___________________________

REFUND INFORMATION: Refund requests: Must be made in writing: (1) before the beginning of ONE-DAY CLASSES; or (2) before the second meeting of classes lasting more than one day.

Name and address of agency: ___________________________ PS #: ___________________________

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, 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 Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaeo_director@spcollege.edu.

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