*St. Petersburg College*

**NONCREDIT**

**REGISTRATION FORM**

Name _____ Social Security # _____ AND SPC student ID _____

*Last* *First* *M.I.*

**Your SSN or your birthdate 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* *Home/Evening/Cell*

Gender (optional) ☐ 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 |
|---|---|---|---|---|---|---|---|---|
| **Fire Origin and Cause** | **3645** | **PSP 0890** | | **ONL** | | **ONL** | **ONL** | **$30.00** |
| | | | | | | | | |

**REGISTRATION INFORMATION:** **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:_____

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

REFUND INFORMATION: Deadline for registration or cancellation 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.