# SJR State College Continuing Education Registration Form

**TO REGISTER**: Continuing Education registration is on-going. Completed registration form and payment must be received before noon on the last business day before the first course session. Go to http://sjrstate.edu for exact registration dates.

- **Walk In**: Register in person at any SJR State Campus in the Records Office or Administration Building.
- **By Fax**: Fax completed Registration Form to **(386) 312-4027.**
- **By Mail**: Mail completed Registration Form, with a check or money order (do not send cash), to the SJR State Open Campus Office, 5001 St. Johns Avenue, Palatka, FL 32177. To make a credit card payment, please call the SJR State Business Office at 386-312-4117.

Published Continuing Education course schedule is subject to change. For the latest Continuing Education course offerings, go to www.sjrstate.edu/courses.html or call 386-312-4211. To receive a refund for a Continuing Education course, students must complete and submit a Course Withdrawal Form to SJR State's Records Office one week prior to the first scheduled class meeting. No refunds after classes begin.

**Name:** Last_____ First _____ Middle _____ Previous _____

**X Number (please leave blank if unknown):**_____ **Last 4 of Social Security #**: _____**Birthdate**: _____

**Gender (Check One):** ____Male ____Female **Have you ever taken classes at SJR State (Check One)**: ____ Yes _____No

**Address (include City, State, and Zip)**:_____

**Telephone:** Home (_____)_____ Cell (_____)_____ Email:_____

**Ethnicity (Check One - Optional):**
___White___Black ___Hispanic ___Asian/Pacific Islander ___American Indian/Alaskan Native

**Citizenship (Check One)**:
___U.S. Citizen ___Non-U.S. Citizen* *If you are not a US citizen, indicate Country of Citizenship: _____
*Permanent Resident Aliens indicate Resident Alien Number: _____
*Non-Resident Aliens indicate VISA held and expiration date of VISA: _____

**Residency Affidavit (Check One, Sign, and Date):**

_____ **Florida Resident**: I am a United States citizen or have been admitted to the United States as an immigrant. I am a bona fide citizen, resident and domiciliary of the State of Florida and have resided in the State Florida a minimum of 12 months. I certify that the above information is correct.

_____ **Non-Florida Resident**: I do not qualify for classification as a Florida Resident.

_____ _____
**Applicant's Signature (sign in ink)** **Date**

**STUDENT ACCOMODATIONS:** If you require special services due to a disability, notify the Counseling Office on the campus nearest you a minimum of one week before the course start date so appropriate accommodations can be arranged. This information is confidential and does not affect your admission to the college.

| CRN | Course # | Course Title | Start & End Dates | Time | Day | Campus & Room | Fee |
|---|---|---|---|---|---|---|---|
| **14298** | CWI 0101 | ACT Math Review | 11/19/2016 | **9 – 1** | **S** | **PAC – B0055** | **$37.50** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

---

**Fax & Mail-in Registration Only**:

- Complete entire form and FAX to 386-312-4027 or mail to SJR State Open Campus Office, 5001 St. Johns Avenue, Palatka, FL 32177.
- For payment with a check, please send registration form and check to:
  SJR State Open Campus Office, 5001 St. Johns Avenue, Palatka, FL 32177
- To pay with a credit card, please call (386) 312-4117

*St. Johns River State College does not discriminate against any employee, prospective employee, student, or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, genetic information or disability. Questions regarding this statement or compliance with laws relating to non-discrimination may be directed to the Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.*