Continuing Education Non-Credit Registration Form

You must officially drop a course by 12:00 pm five work days before it begins or you will be responsible for all fees!

GENERAL INFORMATION

How did you hear about us? ☐ brochure ☐ flyer ☐ website ☐ email marketing ☐ social media ☐ employer other _____

Student ID / SS # _____ Last Name _____ First Name _____ Middle Name _____ Date of Birth (MM/DD/YY) _____

Previous last name used (if applicable) _____ **Gender:** Male Female

Mailing Address _____ City _____ State ☐ _____ Zip Code _____

Home or Cell Phone Number _____ Alternate Telephone _____ Email Address _____

Ethnicity: (Requested by Federal Government) Are you Hispanic? ☐ Yes ☐ No

Race: (Requested by Federal Government) **Choose one or more**

☐ White ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Black/African American ☐ American Indian/Alaska Native

Citizenship: Choose one of the following ☐ US Citizen ☐ Non-Resident Alien ☐ Permanent Resident Alien

By signing below, I understand that GCSC will provide my student information to the appropriate agencies for fee payment if I am not paying a fee for this course and for licensure/CEU purposes, if required.

Student Signature:_____ **Date:**_____

COURSE INFORMATION

CRN#	Course #	Course Title	Start Date	Fee

Payment is made by: ☐ **Check or Money Order** ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover**

Card Number																			Exp. Date					Amount $				.		

Cardholder's Name:_____ **Cardholder's Signature:**_____

Refund Information: Refund requests must be received by 12:00 pm five workdays before the first day of the class (excluding paid online classes). Send a refund request to the continuing education program coordinator. All refunds are issued by check to the **person assigned to the student ID** listed on the registration. Online classes and hybrid classes are non-refundable once access has been granted.

Notification of Collection and use of Social Security Number: FL statute 119.071(5); GCSC collects SSNs for use in performance of the College's duties and responsibilities for the following purposes: identification, verification, & creation of student records necessary for conducting the College's business; billing & payments; data collection; tax reporting. Federal law requires that we protect SSNs from disclosure to unauthorized parties. Federal legislation related to Educational tax credits require that all postsecondary institutions report the SSN of all postsecondary students to the IRS. A student may refuse to disclose his/her SSN to the College, but refusing to comply with the federal requirement may result in fines established by the IRS.

Registration instructions:

Mail: Complete the registration, enclose a check or money order made out to GCSC, or enter your credit information and signature and mail to:
Business Affairs, Gulf Coast State College, 5230 West U.S. Highway 98, Panama City, FL 32401

****** OFFICE USE ONLY *****

DATA ENTRY BY:	DATE PROCESSED:	FEES $