# Gulf Coast State College Continuing Education Non-Credit Registration Form

**YOU MUST OFFICIALLY DROP A COURSE THE WORK DAY BEFORE IT BEGINS OR YOU WILL BE RESPONSIBLE FOR ALL FEES!**

| SOCIAL SECURITY NUMBER | LAST NAME (Legal) | FIRST NAME | MI |
|---|---|---|---|
| DATE OF BIRTH ___/___/___ Mo. Day Year | MAILING ADDRESS | CITY | STATE ZIP CODE |
| HOME PHONE # | WORK PHONE # | E-MAIL ADDRESS: | |

**FOR OFFICE USE ONLY**
***RFS#:***
***Fees:***
***Data Entry By:***

**GENDER** ❑ **Male** ❑ **Female**

**ETHNICITY:** (Requested by the Federal Gov't) **Are you Hispanic?** ❑ **Yes** ❑ **No**

**RACE:** (Requested by the Federal Gov't) **Choose one or more**
❑ **White** ❑ **Native Hawaiian/Pacific Islander** ❑ **Asian** ❑ **Black/African American** ❑ **American Indian/Alaska Native**

*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:**_____

★ **STATE REGULATED PROFESSIONALS LICENSE NUMBER:**_____

| Section No. | Course No. | Course Title | Date | Time | Fee |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

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

**Card Number** _____ **Exp. Date** _____ **Amount $** _____.__

**Cardholder's Name:** _____ **Cardholder's signature:** _____

**Refund Information:** All refunds are issued by check in the name of the student registered. Refunds are mailed to the student's address listed on the registration form. Refund requests must be received by 4:00 pm the workday prior to the first day of class. Online classes are not refundable once the student's registration is processed.

**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.

| FAX Information | Date: |
|---|---|
| **To:** Business Affairs | **From:** |
| **Company:** GCSC/Business Affairs | **Company:** |
| **Phone:** 850-872-3879 | **Phone:** |
| **Fax:** 850-872-3836 | **Fax:** |

## Registration Instructions:

**FAX:** Complete the registration form above, including credit card information. Then, complete the "Fax Information" form and fax to **850-872-3836**.

**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**

**Please register at least five working days before your course start date. See course booklet for more detailed registration information.**