

# HILLSBOROUGH

Community College

## Continuing Education Registration

Please mail this registration form with the correct fees (payable to Hillsborough Community College) to: Matthew Freedman, Hillsborough Community College, 1206 N. Park Road, Plant City, FL 33563.

Social Security \_\_\_\_\_ Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Senior Waiver \_\_\_\_\_

High School Diploma  Yes  No Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

General Education Development Certificate  Yes  No Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

The following information is required by the U. S. Office of Education:

- White, Non-Hispanic (1)  American Indian or Alaskan Native (3)  Hispanic (5)  
 Asian or Pacific Islander (2)  Black, Non-Hispanic (4)

Residency Statement:

I certify that I have resided in Florida as a resident for the past 12 consecutive months or otherwise meet the residency requirements outlined in the law of the State of Florida \_\_\_\_\_ (month) \_\_\_\_\_ (year).

I have not resided in Florida as a permanent resident for the past 12 consecutive months and I do not meet the residency requirements.

I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, F.S., that the foregoing is true and accurate.

Student \_\_\_\_\_ Date \_\_\_\_\_

Refunds will be made available for withdrawals prior to the second class meeting or prior to the first class meeting for one-day seminars. This registration form does not constitute regular admission to HCC.

Term  Fall 20\_\_\_\_  Spring 20<sup>10</sup>\_\_\_\_  Summer 20\_\_\_\_

Course Prefix	Course Number	Section Number	Course Title	Days	Time	Campus	Fee
EVS	8004	00998	Wastewater "C" License			PC	\$435