

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 20⁰⁹ Spring 20____ Summer 20____

Course Prefix	Course Number	Section Number	Course Title	Days	Time	Campus	Fee
HOS	8002	98601	Design Your Own Landscape			PC	\$60