Continuing Education Registration

Please mail this registration form with the correct fees to the HCC Office of Continuing Education at the Brandon Campus, 10414 E. Columbus Dr., Tampa, FL 33619-7856. Duplicate this form as needed.

Social Security ________________ Name ____________________________
                   (Last Name)   (First Name)   (Middle Name)

Permanent Address ________________________________
                           (Street)   (City)   (State)   (ZIP)

Telephone Home (___) __________________ Work (___) __________________ Email __________________

Date of Birth _____/_____/______  Sex ______  Senior Waiver ________________________________

High School Diploma  □ Yes  □ No  Date Received _____/_____/

General Education Development Certificate □ Yes □ No  Date Received _____/_____/

The U.S. Office of Education requires the following information:

□ 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. ______ (Months) ______ (Year)

□ I have not resided in Florida as a permanent resident for the past consecutive months and I do not meet the Florida 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 Signature ____________________________________________ 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 _____ □ Summer 20 _____

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<th>Course Title</th>
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