

**CHIPOLA COLLEGE
CONTINUING EDUCATION**

3094 INDIAN CIRCLE
MARIANNA, FL 32446
850-718-2239
FAX 850-718-2472
www.chipola.edu



NON-CREDIT REGISTRATION FORM

You must officially drop a course the day before it begins or you will be responsible for all fees!

LAST NAME	FIRST NAME	MI	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"><input type="checkbox"/></input>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
SOCIAL SECURITY #		DATE OF BIRTH	

MAILING ADDRESS			

CITY	STATE	COUNTY	ZIP

HOME PHONE	WORK PHONE	EMAIL	

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, date received _____			
ARE YOU A FLORIDA RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CITIZENSHIP: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-Resident Alien, Country of Residence _____			
Resident Alien Number _____			
ETHNIC ORIGIN: (Required by Federal Government)			
<input type="checkbox"/> Asian Pacific <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black Non-Hispanic			
<input type="checkbox"/> Hispanic <input type="checkbox"/> White			
I do hereby swear to affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement will subject me to penalties for making a false statement pursuant to 837.06 Florida Statutes, and that a false statement in this affidavit may subject the above named student to the penalties for making a false or fraudulent statement.			
_____			_____
<i>Student Signature</i>			<i>Date</i>

PAID BY:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number	_____			Expiration Date	_____
Cardholder's Name	_____	Cardholder's Signature	_____		

FOR OFFICE USE ONLY:	
TITLE OF COURSE	COURSE NUMBER
_____	_____
COURSE DATE/TIME	_____
LOCATION	FEES
_____	_____
BILL TO	RECEIPT NO.
_____	_____

The college will not discriminate on the basis of race, religion, sex, age, national origin, marital status, or handicap in the admission and treatment of students.