

FLORIDA KEYS COMMUNITY COLLEGE
CONTINUING EDUCATION
COURSE REGISTRATION FORM

STUDENT INFORMATION (COMPLETE IN FULL)

FIRST NAME	LAST NAME	STUDENT I.D. NUMBER								
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MAILING ADDRESS	CITY, STATE, ZIP
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EMAIL ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE	SEX (CHECK ONE)	DATE OF BIRTH				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">MALE</td> <td style="width: 50%; padding: 2px;">FEMALE</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	MALE	FEMALE			____/____/____
MALE	FEMALE							

RACE (CHECK ONE)					CITIZENSHIP (CHECK ONE)			
WHITE	BLACK	HISPANIC ORIGIN	NATIVE AMERICAN	ASIAN OR PACIFIC ISLANDER	US CITIZEN	NON RESIDENT ALIEN	PERMANENT RESIDENT ALIEN	OTHER

LIST COURSES YOU PLAN TO TAKE BELOW

Course Prefix	Course Number	CRN	Course Title	Times	Dates

Student's Signature	Date
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Instructor approval if applicable	Date
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