

Registration Form

FAX, MAIL OR BRING IN PERSON

PLEASE TYPE OR PRINT INFORMATION REQUESTED CLEARLY



SCHOOL OF COMMUNITY EDUCATION

305.237.3940

| SOCIAL SECURITY OR MDC STUDENT | | | _ SEX: | FEMALE | MALE | | Persona | l Data Updated |
|---|-------------------------|-----------------|------------|---------------|------------|------------|-------------|----------------|
| DATE OF BIRTH (MM/DD/YY) EVENING PHONE # | | DAY PHONE # | | EMAIL ADDRESS | | | | |
| LAST NAME | NAME | | MIDDLE | | MIDDLE | | FORMER NAME | |
| STREET ADDRESS | EET ADDRESS CI | | | ST | | STATE | ZIP CODE | |
| PLEASE LIST YOU | UR COURSE | REQUEST | | | | | | |
| TERM: | FALL | SPRING | | SUMME | :R | | | |
| Reference Number | Reference Number Course | | | Time | | | | Fees |
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| | | | | | | TOTAL FEES | ENCLOSED \$ | |
| HOW TO PAY By Fax - provide your credit card information on completed form and fax to 305.237.3978 By Mail - provide your credit card information or enclose a check or money order payable to Miami Dade College and mail to The Center for Writing and Literature, 300 N.E. Second Avenue, Freedom Tower, 7th Floor, Miami, Florida 33132 In Person - bring your registration form and payment to Freedom Tower, 7th Floor | | | | | | | | |
| TYPE OF CREDIT CARD: | VISA | MASTER CARD | | | | | | |
| NOTE: NO AMERICAN EXP | RESS OR DISCORVE | R CARD ACCEPTED | | | | | | |
| NAME (AS IT APPEARS ON THE CREDIT CARD) | | | ACCOUNT NU | MBER | EXPIRATION | | | DATE |
| SIGNATURE TODAY'S DATE | | | | | | | | |

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