



IF THIS FORM IS INCOMPLETE, YOUR REGISTRATION CANNOT BE PROCESSED.

1. Last Name _____	First Name _____	M.I. _____	2. Social Security Number [][][] - [][] - [][][][]
3. Current Home Address _____ Street _____ Apartment # _____ City _____ County _____ State _____ Zip _____			Student ID No. _____
5. U.S. Citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Nation of Citizenship _____ Visa Type/Perm Resident No. _____			4. Phone Numbers and E-mail Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____ E-mail: _____

6. Employer (name of Police Agency you work for) _____

7. Birth Date <small>MM-DD-YY</small> [][] - [][] - [][]	8. Sex <input type="checkbox"/> F <input type="checkbox"/> M	9. Requested for Federal and State Reporting Purposes a. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Select one or more of the following that best describes you: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
10. Resident <input type="checkbox"/> NO, previous state/country _____ <input type="checkbox"/> Yes, I have resided in the state of Florida for the past 12 consecutive months.		

COURSE INFORMATION Term (check one): Fall Spring Summer

Class #	Subject	Catalog #	Course Title	Day and Date	Time	Fee
						\$
						\$
						\$

Criminal Justice Institute
Registration and Payment Information

Mail
Mail your SCC Registration form and payment (if applicable) to the SCC Criminal Justice Institute at least 14 business days prior to the start of the first class meeting.
Make checks payable to: SCC
Mail to: SCC Criminal Justice Institute
100 Weldon Blvd.
Sanford, FL 32773

On-Site
Monday - Friday: 8 a.m. - 4:30 p.m.
*Summer Term: Closed Fridays

Fax
Fax number: 407.322.1309
Please sign the form and select credit card or bill agency (if applicable). Faxed registrations can only be processed if payment accompanies the fax. Direct agency billing requires a cover letter authorizing SCC to establish a billing account.
Online
If you have attended SCC within the past year, you can register and pay online. Go to www.scc-fl.edu. Click on MySCC.

All Advanced/Specialized Training courses for Law Enforcement or Corrections personnel requires the consent of the Employing Agency and the SCC Criminal Justice Institute.

SCC reserves the right to cancel classes due to low enrollment.
REFUND POLICY:
For classes meeting one to three days:
Courses dropped prior to the first scheduled class day - 100% refund. Thereafter, no refund.
For classes meeting four days or more:
Courses dropped within one CALENDAR day after the first scheduled class day - 100% refund. Thereafter, no refund.

I certify that all information that I have provided related to my enrollment at Seminole Community College, including my statement as to my status as a Florida resident for tuition purposes, is accurate to the best of my knowledge. I understand that a false statement will subject me to penalties for making a false statement pursuant to Florida Statute 837.06.

SIGNATURE _____ **DATE** _____

SCC Social Security Number Collection Statement: Seminole Community College recognizes that an individual's Social Security number is a unique form of identification that can be used to obtain sensitive information; however, SCC must collect Social Security numbers under certain circumstances to accurately and efficiently perform its duties and functions as an educational institution. Due to the sensitive nature of an individual's Social Security number, SCC only collects Social Security numbers for: Identification and verification; Background checks; Billing and payments; Payroll administration; Garnishments; Data collection; Reconciliation and tracking; Benefits administration; Tax reporting; State and federal educational and employment reporting; The administration of federally funded financial aid programs and student services programs; Vendor applications; Independent contractors. This Social Security number collection statement has been prepared by SCC in compliance with Section 119.071(5), Florida Statutes (2007). (January 2008)

Official Use Only Fall Spring Summer Due Date: _____ Operator: _____ Amt: \$ _____