



Wolfson Campus

SCHOOL OF COMMUNITY EDUCATION

Registration Form

FAX, MAIL OR BRING IN PERSON

PLEASE TYPE OR PRINT INFORMATION REQUESTED CLEARLY



305.237.3940

SOCIAL SECURITY # _____
OR MDC STUDENT #: _____ SEX: FEMALE MALE Personal Data Updated

DATE OF BIRTH (MM/DD/YY) EVENING PHONE # DAY PHONE # EMAIL ADDRESS

LAST NAME FIRST MIDDLE FORMER NAME

STREET ADDRESS CITY STATE ZIP CODE

PLEASE LIST YOUR COURSE REQUEST

TERM: FALL SPRING SUMMER

Reference Number	Course Title / Day & Time	Fees

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 Florida Center for the Literary Arts, 300 N.E. Second Avenue, Suite 4102, Miami, Florida 33132

In Person - bring your registration form and payment to Suite 4102 (Building 4, first floor)

TYPE OF CREDIT CARD: VISA MASTER CARD

NOTE: NO AMERICAN EXPRESS OR DISCOVER CARD ACCEPTED

NAME (AS IT APPEARS ON THE CREDIT CARD) ACCOUNT NUMBER EXPIRATION DATE

SIGNATURE TODAY'S DATE

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