



FAX, MAIL OR IN-PERSON NON-CREDIT REGISTRATION FORM

Social Security No. _____ - _____ - _____ Sex: Male Female

Birthdate (mm/dd/yy) _____ Evening Phone # _____ Day Phone # _____ EmailAddress _____

Last Name _____ First _____ Middle _____ Former Name _____

Street Address _____ City _____ State _____ Zip _____

Date of High School Graduation or GED _____ or I am not a High School Graduate

What is your racial background (required by the U.S. Dept. of Education)
American Indian or Alaskan Native Asian or Pacific Islander Black White

Is your ethnic heritage Hispanic? Yes No

Country of Citizenship _____ Native Language _____

Citizenship Status: USA Permanent Resident Refugee Asylee/Applicant

Visa Student - Indicate Type Visa _____ A # _____

PLEASE LIST YOUR COURSE REQUEST

Reference No	Course Title/Day & Time	Fees

TOTAL FEES ENCLOSED \$ _____

TYPE OF CREDIT CARD: VISA MASTERCARD

NAME AS IT APPEARS ON CREDIT CARD _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ DATE _____

HOW TO PAY

By Fax use your VISA or Mastercard. By Mail use your credit card or enclose a check or money order payable to Miami-Dade College. Mail form to: Florida Center for the Literary Arts, 300 NE 2nd Avenue, Miami, FL 33132, Tel: 305-237-3940, Fax 305-237-3978.

