



Wolfson Campus

SCHOOL OF COMMUNITY EDUCATION

# Registration Form

**FAX, MAIL OR BRING IN PERSON**

PLEASE TYPE OR PRINT INFORMATION REQUESTED CLEARLY

**Florida Center  
for the  
Literary Arts**  
at Miami Dade College

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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