



**CENTER FOR FINANCIAL TRAINING SOUTHEASTERN  
FLORIDA KEYS COMMUNITY COLLEGE  
SEMESTER REGISTRATION FORM**

The Center for Financial Training Southeastern does not discriminate on the basis of race color, gender, age, and national or ethnic origin. This document may contain privileged and/or confidential information. It is intended solely for the use of CFTSE and will not be shared without written permission.

- ① Complete the attached application for admission to the college and Florida Residency Statement (VERY IMPORTANT).
- ② Complete the registration form below and sign the release of information section.
- ③ Give the attached application and this registration form to your Bank/Company Representative for approval.
- ④ Please do not wait to receive a schedule from CFTSE/FKCC prior to attending class. If you do not have a schedule by the second week of class, please call CFTSE immediately (305) 237-3051- **BUT DO ATTEND CLASS**

*(Please duplicate for multiple copies)*

NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ CELL/HOMEPHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
street city zip

STUDENT'S E-MAIL: \_\_\_\_\_ COST CENTER #: \_\_\_\_\_

BANK/COMPANY NAME: \_\_\_\_\_

BANK/COMPANY REPRESENTATIVE: \_\_\_\_\_ TERM: \_\_\_\_\_

TRANSIT/ROUTING # *(if applicable)*: \_\_\_\_\_

COURSE(S) REQUESTED:

TITLE	PREFIX / #	LOCATION	SECTION #

**YOUR EDUCATIONAL GOAL:** Please indicate below which CFT Diploma and/or Certificate you intend to earn.

\_\_\_\_\_ (Please see <http://sfct.org/diplomas-certificates-and-college-credit> for your options)  
**(DIPLOMA/CERTIFICATE)**

Do you have any objections to FKCC releasing directory information concerning you? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently enrolled at any other school besides FKCC? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what school? \_\_\_\_\_

**STUDENT RELEASE OF INFORMATION:** I certify the accuracy of all information on this application and hereby grant permission to CFTSE to register and withdraw me upon proper notification from the company named above. I also authorize Florida Keys Community College to release a copy of my final grades and/or academic record (transcript) at the end of the term to the representative of CFTSE and/or the company named above. I have read and agree to all of CFTSE' registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the schedule or other marketing pieces.

STUDENT SIGNATURE *(required to process registration)*

DATE

CFTSE REP AUTHORIZING PAYMENT

DATE

(By signing this form, I accept full responsibility for all monies due to CFTSE & agree to adhere to CFTSE registration policies as stated in the CFTSE program schedule and/or catalog)