



**CENTER FOR FINANCIAL TRAINING SOUTHEASTERN
FLORIDA SOUTHWESTERN STATE 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 CFT/FSW 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/HOME PHONE: _____

SOCIAL SECURITY #: _____ - _____ - _____ BIRTHDATE: ____/____/____

HOME ADDRESS: _____
Street city zip

STUDENT'S E-MAIL: _____

BANK/CO. NAME: _____

BANK/COMPANY REPRESENTATIVE _____ TERM: _____

TRANSIT/ROUTING# (if applicable): _____

ARE YOU A NON-DEGREE SEEKING STUDENT? _____ YES _____ NO

ARE YOU A DEGREE SEEKING STUDENT? _____ YES _____ NO, IF YES:

➔ I PLAN TO EARN AN **AA** DEGREE _____ AND/OR **AS** DEGREE _____

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)

COURSE(S) REQUESTED:

TITLE	PREFIX / #	LOCATION	SECTION #

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 SouthWestern State College to release a copy of my final grades and/or academic record (transcript) at the end of the term to the representative of CFT 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 (required to process registration) _____ DATE _____