CENTER FOR FINANCIAL TRAINING

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MIAMI DADE COLLEGE

INSTRUCTIONS & REGISTRATION FORM

- ☐ Complete an online admission or readmission application to the college and Florida Residency Statement (VERY IMPORTANT).
- ☐ Complete the registration form below and sign the release of information section.
- ☐ Give this registration form to your Bank/Institution Representative for approval.
- ☐ Please do not wait to receive a schedule from CFT/MDC prior to attending class.
  You can download your schedule from the MDC Student Account site at http://www.mdc.edu/current/ .

STUDENT ID #: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

TITLE: _____

SOCIAL SECURITY #: _____ **BIRTH DATE:** _____

HOME ADDRESS: _____
(STREET)

_____ **WORK PHONE:** _____
(CITY) (STATE) (ZIP)

E-MAIL: _____ **CELL/HOME PHONE:** _____

BANK /COMPANY: _____ **COST CENTER:** _____

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

_____ (Please see https://cftintl.org/diplomas-certificates-and-college-programs/ for your options)
(DIPLOMA/CERTIFICATE)

COURSE(S) REQUESTED: **TERM:**

TITLE	COURSE #	LOCATION	REFERENCE #

STUDENT RELEASE OF INFORMATION: I certify the accuracy of all information on this application and hereby grant permission to CFT to register and withdraw me upon proper notification from the company named above. I also authorize Miami Dade 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 CFT's registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the schedule or other marketing pieces.

ALL CHANGES/DROPS WILL BE SUBJECT TO A $30 PROCESSING FEE. NO EXCEPTIONS!

_____
Student Signature *(required to process registration)* **Date**

_____
Authorizing Payment **Date**
(By signing this form, I accept full responsibility for all monies due to CFT and agree to adhere to CFT registration policies as stated in the CFT program schedule and/or marketing pieces)

CFTINTL OFFICE USE ONLY

FEE CODE	MAX AMOUNT	APPROVED	DATE
A73	$_____	_____	_____