



CONTINUING EDUCATION/PROFESSIONAL DEVELOPMENT
ENROLLMENT APPLICATION

PERSONAL INFORMATION

Name: _____ Male ___ Female ___ Social Security# _____

Address: _____
City State Zip Code

Home Phone# _____ Work Phone # _____

Cell Phone# _____ E-Mail _____

Driver's Lic# _____ State _____ Date of Birth _____

Citizen Status: U.S. Citizen ___ Resident Alien ___ Eligible Non-Citizen ___ # _____

Country of Citizenship _____

Purpose for Enrollment:

Re-certification ___ Professional Development ___ License renewal ___ Other ___

Provide copy of Teaching Certificate or License ___ # _____

When do you intend to begin your studies?

Fall ___ Term A ___ Term B ___

Winter ___ Term A ___ Term B ___

Summer ___ Term A ___ Term B ___

ENROLLMENT ACKNOWLEDGEMENT

I certify all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of Florida National College as they are stated in the College Catalog published <http://www.fnu.edu/Publications/Cataloggeneral.pdf>

Applicant Signature

Date