

APPLICATION DATE \_\_\_\_\_

COURSE START DATE \_\_\_\_\_

Please fill out this form completely.

NAME OF COURSE \_\_\_\_\_

NAME (circle one) MR. MRS. MS. \_\_\_\_\_  
Last (Family) First Middle

NAME (as it should appear on your certificate) \_\_\_\_\_

LIST ANY OTHER NAME UNDER WHICH YOU HAVE ENROLLED AT ANY INSTITUTION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Number and Street City State ZIP

TELEPHONE ( ) Home ( ) Business EMAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Number and Street City State ZIP

DATE OF BIRTH / /  
Month/Day/Year

HAVE YOU EVER TAKEN A COURSE AT FLORIDA TECH?  Yes  No

HOW DID YOU LEARN ABOUT FLORIDA TECH?  Professor  Employer  Friend/Relative  Peterson's Guides  The BACB® website  
 Other publication or website (list) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Course Price \_\_\_\_\_

Fill out above form completely.  
Print a copy for your files.  
Fax to (321) 674-7050 or mail to:  
Florida Institute of Technology  
Continuing Education  
150 W. University Blvd.  
Melbourne, FL 32901

FOR OFFICE USE ONLY

STUDENT ID NO. \_\_\_\_\_

METHOD OF PAYMENT  Check  Credit Card  Legacy PAYMENT AMOUNT \$ \_\_\_\_\_