



St. Louis Community College Continuing Education

Registration is Easy!



Mail

Complete the registration form (below), print, sign and mail with payment to:

STLCC Continuing Education, 3221 McKelvey Road, Suite 250, Bridgeton, MO 63044

Students who register by mail should assume they are registered unless otherwise notified. A registration confirmation is mailed to students who register by mail; however, the confirmation may not be received prior to the beginning of the class. If you have enrollment questions, please call Continuing Education: 314-984-7777.



In Person at STLCC

Meramec, Florissant Valley and Forest Park: M-F 8:30am-4pm

You may want to first call the Continuing Education office at 314-984-7777, to check that openings exist.



Call to complete your registration by charging fees to MasterCard, Visa, American Express or Discover.

Telephone: 314-984-7777

Before calling to register, have this information ready:

1. Course Title / Course Code (letter prefix with number) / Section Number
2. Student Contact Info (name / address / phone number)

3. Student Social Security Number or UIN

4. Credit Card Number with Expiration Date



Online: www.stlcc.edu/ce

View current class offerings and register for classes.

Enrollment in classes within this brochure, except for youth section classes, is limited to persons 16 years or older.

Registration Deadline

All non-credit courses are limited in enrollment. Advanced registration is required.

Automatic Bank Payment (ACH)

All checks will be converted to an electronic Automated Clearing House (ACH) transaction whether the payment was made in person or mailed.

Mail-In

Registration form Please print in ink.

Please register me for the following courses:

Course Code	Section	Course Title	Day/Time	Fees
Total				

Male Female

Senior Citizen?

Yes No

Check Payment:

Please make checks payable to St. Louis Community College, and mail with form (address above).

Credit Card Payment:

Charge fees to:

- MasterCard
- VISA
- Discover
- American Express

Email Address: _____

UIN or Student#: _____ Birthdate: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____

STREET OR POST OFFICE BOX

CITY

STATE

ZIP CODE

Telephone/Home: _____ Work: _____

CARD NUMBER Expiration Date: _____

Signature: _____