

4 EASY WAYS TO REGISTER | Many classes have limited seating. Be sure to register early!



ONLINE

www.stlcc.edu/CE

Email address required for online registration. Payment via credit/debit card is due at time of registration



PHONE

314-984-7777

Call Center hours:

- M-Th 8:30 am-5 pm
- F 8:30 am-4 pm

Extended hours: Aug 6-16

- M-Th 8:30 am-7:30 pm
- F 8:30 am-4 pm

To streamline your registration experience, please have all information shown in the registration form below prepared and ready to provide during your call.

If you have enrollment questions, please call Continuing Education at 314-984-7777.



MAIL

STLCC Continuing Education
3221 McKelvey Rd, Ste 250
Bridgeton, MO 63044

Fill out the enclosed enrollment form and include payment. Students who register by mail should assume they are registered unless otherwise notified. A registration confirmation is emailed to students who register by mail; however, the confirmation may not be received prior to the beginning of class.



IN PERSON

STLCC Continuing Education Offices: M-F 8:30 am-4 pm

Meramec

802 Couch Avenue
 St. Louis, MO 63122

Florissant Valley

Center for Workforce Innovation
 3344 Pershall Road
 Ferguson, MO 63135

Forest Park

Student Center-125
 5600 Oakland Avenue
 St. Louis, MO 63110

*In person registration not available at **Wildwood** or **South County** campuses.*

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

Registration Deadline: All non-credit courses are limited in enrollment. Advanced registration is required prior to first class meeting. Some classes have additional registration deadline requirements. Please check course descriptions.

Confirmations and Cancellations: Registration confirmations and cancellation notices will be delivered to the e-mail address under which the registration has been made. Please see Postponement/Cancellation section of General Information for further information.

PLEASE REGISTER ME FOR THE FOLLOWING COURSES:

Course Code	Section	Course Title	Start Date	Day/Time	Fees
:	F ____				
:	F ____				
:	F ____				
:	F ____				
Total:					

Name _____
LAST FIRST MIDDLE INITIAL

Address _____
STREET OR POST OFFICE BOX

CITY STATE COUNTY ZIP CODE

Email _____ Male Female

Student # _____ Birthdate _____ Yes, I am age 60+

Home Phone _____ Work Phone _____

PAYMENT METHOD: Check made payable to *St. Louis Community College* Credit Card (complete information below)

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CVV CODE _____

MasterCard VISA Discover American Express

Signature _____