



Florida State College Application for Student Membership

Return this application and your non-refundable \$25 (record origination fee) to any campus/center or mail to the Admissions Office, Florida State College at Jacksonville, 601 West State Street, Jacksonville, FL 32202. Please make your check or money order payable to Florida State College at Jacksonville.

Section I

Personal

Name _____ Previous Name _____
Last First Middle If Any

*Social Security Number _____ Telephone () _____ () _____
Home or Cell Work

*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for use for legitimate business purposes which include record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection of Social Security numbers in the College Catalog and on the College Web site.

Mailing Address _____
Number and Street/Apt.# or P.O. Box

City _____ State _____ ZIP Code _____ E-mail _____

Emergency Contact _____ Relationship to Applicant _____
Name

Telephone () _____ () _____ E-mail _____
Home or Cell Work

Gender: Female Male Date of Birth ____/____/____ Country of Birth _____ Country of Citizenship _____
Month Day Year If not a U.S. citizen, please attach a legible copy of your Visa and I-94 card or resident alien card.

Primary Language: English Spanish Other _____ Visa Type _____ Alien Resident? Yes No Alien Number _____
Information submitted in this section of the application is voluntary and will not be used in the admission process.

Are you Hispanic/Latino? Yes No Prefer Not to Disclose
Please select the racial category or categories with which you most closely identify. Check as many as apply.
 American Indian or Alaska Native Asian Black or African America Native Hawaiian or Other Pacific Islander White Prefer Not to Disclose

Section II

Educational Plans

Intended Starting Date: Fall (August – December) Spring (January – May) Summer (May – August)

Campus/Center Preference: Downtown Campus Kent Campus North Campus South Campus The Cecil Center
 Deerwood Campus Nassau Campus Navy Partners Distance Learning

My main goal is to earn a college degree at Florida State College to transfer to a university. Major _____

My main goal is to earn a college degree or technical certificate to go directly into a career. Please select an interest area.

- Architecture, Construction and Interior Design (AR)
- Automotive and Diesel Technologies (AU)
- Aviation (AV)
- Biotechnology (BI)
- Business (BU)
- Child Care (CC)
- Computer Science and IT (CS)
- Criminal Justice and Paralegal (CP)
- Culinary Arts and Hospitality (CU)
- Environmental Science (OSHA) (ES)
- Financial Services (FS)
- Fire Science Technology (FI)
- Health Care (HC)
- Manufacturing and Industry (MI)
- Multimedia and Graphic Design (MU)
- Office Administration and Secretarial (OA)
- Sign Language (SL)
- Visual Arts and Performing Arts (VA)

My main goal is to take a college credit course or courses for personal enrichment, but not earn a degree.

My main goal is to take a college credit course or courses for professional development, but not earn a degree.

I am a student at another college or university; my main goal is to take one or more credit courses to transfer to my primary institution.

Section III

Educational History

For all students except those who chose professional development or personal enrichment.

Have you graduated or will you graduate from High School? Yes No If yes, check diploma earned: Standard GED

High School or GED test site _____ City _____ State _____ Graduation Date _____

List all colleges or universities that you have attended. Do not abbreviate school names. Attach additional sheet if necessary.

College/University	City	State/Nation	Degree Earned	Field of Study

Office Use Only: POS _____ Major _____ Admission Code _____ Status _____ Residency _____ Entered by _____ Campus/Center _____ Date _____

Student Residency and Information Verification

Florida Residency — The laws of Florida define residency status and must be completed in full if you claim Florida residency for tuition purposes. **If you check any of the circles below, you must also complete the claimant section.** Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes for which a Florida resident classification is sought. All documentation is subject to verification. Additional documentation, other than what is listed, may be requested.

- I am an independent person at least 24 years of age and have maintained legal residence in Florida for at least 12 consecutive months. **(Complete claimant section below with applicant's information.)**
- I am a dependent person under the age of 24 and my parent or legal guardian has maintained legal residence in Florida for at least 12 consecutive months. **(Complete claimant section below with parent or legal guardian information.)**
- I am a person under the age of 24, have maintained legal residence in Florida for at least 12 consecutive months but want to be considered as independent for tuition purposes. (Supporting documentation required: notarized copy of tax return, w-2's, or other qualifying circumstances.)
- I am a dependent person who has resided for five years with a legal resident adult relative other than my parent or legal guardian. (Proof required.)
- I am a dependent child whose parents are divorced, separated or otherwise living apart, and one parent is a legal resident of Florida regardless of which parent claims the minor for tax purposes. (Parent as claimant.)
- I am a permanent resident alien, legal alien or eligible non-immigrant category, granted indefinite stay by the U.S. Citizenship and Immigration Services, and have maintained legal residence in Florida for at least 12 months. (UCIS proof required and proof of residency status.)
- I am a student from Latin America/Caribbean and receive scholarships from the federal or state government. (Proof required.)
- I am a United States citizen living on the Isthmus of Panama, who has completed 12 consecutive months of college work at the Florida State University Panama Canal Branch or I'm the student's spouse or dependent child.
- I am married to a person who is a legal Florida resident. I have now established legal residence and intend to make Florida my permanent home. (Copy of your marriage certificate is required.)
- I enrolled as a Florida resident for tuition purposes at a Florida public institution of higher education, but abandoned Florida residency and then re-enrolled in Florida within 12 months of the abandonment. (Proof required.)
- Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Proof required.)
- I am a full-time instructional or administrative employee of a Florida public school, community college or university or I am the employee's spouse or dependent child. (Copy of the employment verification is required.)
- I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program 1009 972. (Copy of card is required.)
- Active duty members of a foreign nation's military who are serving as liaison officers and/or the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a community college or state university within 50 miles of the military establishment where they are stationed. (Copy of the military orders or other proof required.)
- I am an active duty member of the armed services of the United States residing or stationed in Florida (and spouse/dependent children) or military personnel not stationed in Florida whose home of record or state of legal residence certificate DD Form 2058, is Florida. (Copy of the military orders DD2058 or military document showing home of record is required and military I.D.)
- Active duty members of the Armed Services of the United States and their spouses attending a public community college or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. (Copy of the military orders and military I.D.)
- Active duty members of the Armed Services of the United States residing or stationed in this state, their spouses and dependent children, and active members of the Florida National Guard who qualify under s. 250.10 (7) and (8) for the tuition assistance program. (Copy of the military orders or other proof required.)

Florida Resident Claimant Information - Document issue date must be 12 months before the first day of classes.

Relationship to Applicant: Applicant/Student Parent Legal Guardian Other (please specify)

Claimant's Name _____
Last First Middle

Claimant's Address _____
Number/Apt.# or P.O. Box and Street City State ZIP Code County

Date Claimant's Legal Residence Established _____ **Telephone** _____
Home or Cell Work

You must provide **information for two of the three items listed below.** Contact any Campus Enrollment Office or call (904) 646-2300 for information.

Claimant's Florida I.D. or Drivers License _____
Number Birth Year Original Date issued

Claimant's Vehicle Registration _____
State Number Birth Year Original Date issued

Claimant's Voter Registration _____
State Number Birth Year Original Date issued

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes. I agree to the release of any transcripts and test scores to this institution, including any score reports that this institution may request from the College Board or ACT. I understand that falsification or omission of application information may result in penalty.

Claimant's Signature _____ **Date** _____
(Permanent Legal)

Applicant's Signature _____ **Date** _____
(If other than claimant)

Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification. I agree to the release of any transcripts and test scores to this institution, including any score reports that this institution may request from the College Board or ACT.

Applicant's Signature _____ **Date** _____