

Thank you for your interest in Florida State College at Jacksonville. We are pleased you have decided to apply and wish you success in your academic pursuits.

Instructions:

1. Type or print legibly in ink.
2. Complete both sides.
3. Sign and date the application.
4. Enclose the non-refundable \$25 application fee.
5. Mail this application to the address provided or submit to any campus/center for processing.

Admissions

Florida State College at Jacksonville
P.O. Box 40515
Jacksonville, FL 32203-0515
Fax # (904) 633-5955

Personal

Section I

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 at Jacksonville 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

E-mail _____
City State Zip Code

Gender: Female Male **Date of Birth** ____/____/____ **Primary Language:** English Spanish Other _____
Month Day Year

Country of Birth _____ **Country of Citizenship** _____
*If not a U.S. citizen, please attach a legible copy of your immigration documentation.

Permanent Resident? Yes No **Alien Number** _____ **Visa Type** _____ **Other Status:** _____

Emergency Contact _____ **Relationship to Applicant** _____
Name

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

Information submitted in this section is voluntary and will not be used in the admission process.

Are you Hispanic/Latino? Yes No

Please select the racial category with which you most closely identify. Select one or more categories:

- American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

Safety and Security

Section II

The College may deny admission or enrollment to an individual because of misconduct if determined to be in the best interest of the College. An individual designated as a sexual predator by any court will not be admitted to or enrolled with the College. An individual identified as a sexual offender by any court may be considered for admission or enrollment using procedures established by the administration-APM 10-0701.

Have you ever been designated a sexual predator by any court? Yes No

Have you ever been designated a sexual offender, or convicted of any sexual felony? Yes No

Start Date/Location

Section III

Intended Starting Date: Fall (August-December) Spring (January-May) Summer (May-August) **Year:** _____

Campus/Center Preference: Downtown Campus Kent Campus North Campus South Campus

Cecil Center Deerwood Center Nassau Center Navy Partners Distance Learning

Section IV

Educational Plans

Visit fscj.edu/academics and select area of study for program information.

My main goal is to earn a workforce certificate. Please select an area of study and enter your program number:

- | | | | |
|---|-----------------|---|-----------------|
| <input type="radio"/> Architecture & Interior Design- | Program # _____ | <input type="radio"/> Health & Human Services- | Program # _____ |
| <input type="radio"/> Aviation- | Program # _____ | <input type="radio"/> Information Technology- | Program # _____ |
| <input type="radio"/> Business- | Program # _____ | <input type="radio"/> Public Safety & Security- | Program # _____ |
| <input type="radio"/> Communications, Media & Entertainment Tech- | Program # _____ | <input type="radio"/> Sciences- | Program # _____ |
| <input type="radio"/> Constructions & Manufacturing- | Program # _____ | <input type="radio"/> Transportation- | Program # _____ |
| <input type="radio"/> Culinary Arts & Hospitality- | Program # _____ | <input type="radio"/> Health & Human Services- | Program # _____ |
| <input type="radio"/> Education- | Program # _____ | <input type="radio"/> Other- | Program # _____ |

Section V

Educational History

Have you graduated or will you graduate from high school? Yes No

If yes, check diploma earned: Standard Equivalency Degree

Should the quality of the educational program of the institution attended appear unsatisfactory, the College has the authority not to accept all, or any part, of the previously earned credit or diploma.

High School or Equivalency Degree test site _____ City _____ State _____ Graduation Date: _____ / _____ / _____
Month \ Year

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

Certification Statement

- I understand that in order to qualify for **FLORIDA RESIDENCY** for tuition purposes for the term for which this application is submitted I must complete a Declaration of Residency prior to the beginning of the term. I understand that if I do not submit a Declaration of Florida Residency with supporting documentation, I will not be eligible for in-state tuition rates.
- I **certify** that all of the information entered on this application is true and accurate. I understand that falsification or omission of application information may result in penalty. Once admitted, I agree to abide by the policies of the College's Board of Trustees and the rules and regulations of the College. 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 _____

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

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, or genetic information in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.

Florida State College at Jacksonville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard.