

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 (one-time fee for college-credit programs).
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 includes record identification, and 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 website.

**Mailing Address** \_\_\_\_\_  
Number and Street/Apt. # or P.O. Box

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Email** \_\_\_\_\_

**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** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_  
Home or Cell Work

Information submitted in this section is voluntary and will not be used in the admissions 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  Open Campus/Deerwood Center  Nassau Center  Navy Partners  Online Learning

**Educational Plans**

Upper division applicants must have earned an associate in science degree, associate in arts degree, or higher degree from a regionally accredited college or university, or have earned at least 60 semester hours, with a minimum cumulative grade-point average of 2.0 or above.

My main goal is to earn a bachelor's degree. Please select an area of study:

- Biomedical Sciences (B.S.)- T300
- Business Administration (B.S.)- T200
- Computer Systems Networking & Telecommunications (B.A.S.)- S300
- Converged Communications (B.S.)- T400
- Digital Media (B.A.S.)- S500
- Early Childhood Education (B.S.)- T100
- Financial Services (B.S.)- (T210)
- Human Sciences (B.S.)- (T500)
- Information Technology Management (B.A.S.)- S301
- Logistics (B.A.S.)- S110
- Nursing (B.S.N.)- N200
- Public Safety Management (B.A.S.)- S400
- Supervision and Management (B.A.S.)- S100

I am a student at another college or university; my main goal is to take one or more upper division courses to transfer to my primary institution (S000).

**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 is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.*  
*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.*

## Missing Safety and Security Information

\*Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Name \_\_\_\_\_  
Last
First
Middle

### **Sexual Predators/Offenders**

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For more information, please view our [Administrative Procedures Manual 10-0701, Admissions – Sexual Predators/Sexual Offenders](#).

**Please answer the following questions to complete the safety and security requirement of your admissions application:**

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

**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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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