

Return this application and your non-refundable \$25 application fee to any campus/center or mail to the Admissions Office, Florida State College, P.O. Box 2550, Jacksonville, FL 32203-2550. 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 will not be used in the admission process.

Are you Hispanic/Latino ? Yes No

Please select the racial category or categories 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

Section II

Educational Plans

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

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 bachelor's degree.

All applicants must have an associate degree or higher to be admitted to a program. All bachelor's degree programs have selective admission. To be considered, applicants must meet or exceed the admissions requirements as established by each program. Program admissions material will be sent to you upon receipt of your student membership application.

- B.A.S. in Biomedical Sciences (T300)
- B.A.S. in Business Administration (T200)
- B.A.S. in Computer Systems Networking and Telecommunications (S300)
- B.A.S. in Digital Media (S500)
- B.A.S. in Information Technology Management (S301)
- 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 (S000).
- B.A.S. in Public Safety Management (S400)
- B.A.S. in Supervision and Management (S100)
- B.S. in Converged Communications (T400)
- B.S. in Early Childhood Education (T100)
- B.S. in Nursing (N200)

Section III

Educational History

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

High School or Equivalency Degree 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

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.

FLORIDA RESIDENCY-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 Residency Affidavit prior to the beginning of the term. I understand that if I do not submit a Residency Affidavit with supporting documentation, I will not be eligible for in-state tuition rates.

Applicant's Signature _____ **Date** _____

Florida State College at Jacksonville is a member of the Florida College System. Florida State College at Jacksonville is not affiliated with any other public or private university or College in Florida or elsewhere. Florida State College is a division of Florida State College at Jacksonville. Florida State College at Jacksonville is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools ("SACS") 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.