

Thank you for your interest in continuing your education at Florida State College at Jacksonville.

**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) 632-5165

**SECTION 1 — PERSONAL**

**NAME** \_\_\_\_\_ **PREVIOUS NAME** \_\_\_\_\_  
LAST FIRST MIDDLE (IF ANY)

**\*STUDENT ID** S \_\_\_\_\_ **TELEPHONE** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME/CELL WORK

If you do not know your Student ID, please provide your **SOCIAL SECURITY NUMBER\*** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*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

\_\_\_\_\_ **EMAIL** \_\_\_\_\_  
CITY STATE ZIP CODE

**GENDER**  Female  Male **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PRIMARY LANGUAGE**  English  Spanish  Other \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP** \_\_\_\_\_

**PERMANENT RESIDENT?**  Yes  No **ALIEN NUMBER** \_\_\_\_\_ **VISA TYPE** \_\_\_\_\_ **OTHER STATUS** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **RELATIONSHIP TO APPLICANT** \_\_\_\_\_

**TELEPHONE** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
HOME/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

**SECTION 2 — SAFETY AND SECURITY**

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

**SECTION 3 — START DATE**

**Intended Starting Date:**  Fall (August–December)  Spring (January–May)  Summer (May–August) **Year:** \_\_\_\_\_

**SECTION 4 — EDUCATIONAL PLANS**

Visit [fscj.edu/academics](http://fscj.edu/academics) and select area of study for program information and codes.

**MAIN GOAL:**

- Earn an Associate in Arts (1108) degree at FSCJ and transfer to the upper division or to another university.  
Upper Division Major \_\_\_\_\_ Intended Transfer Institution \_\_\_\_\_
- Join the Connect FSCJ-UNF program.
- Earn a college degree or technical certificate to go directly into a career.  
Please select an area of study and enter your program number:
 

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

**SECTION 5 — DUAL ENROLLMENT/HIGH SCHOOL BACKGROUND**

1. Name of High School: \_\_\_\_\_
2. When will you graduate? 20 \_\_\_\_\_
3. If known, please provide your FSCJ Student ID \_\_\_\_\_

**CERTIFICATION STATEMENT**

1. 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.
2. 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, pregnancy or genetic information in its programs, activities and employment. For more information, visit the Equal Access/Equal Opportunity page.

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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