

Return this application to any campus/center or mail to the Admissions Office, Florida State College at Jacksonville, P.O. Box 2550, Jacksonville, FL 32203-2550.

Section I

Personal

Name _____ Previous Name _____
Last First Middle If Any

*Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month Day Year

"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 (SSN). Florida State College at Jacksonville will collect your Social Security Number 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.

Permanent Address _____ City _____ State _____ Zip Code _____
Number and Street/Apt# or P.O. Box

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

Emergency Contact _____ Relationship to Applicant _____ Telephone () _____
Name

Primary Language: English Spanish Other Country of Birth _____

*Country of Citizenship _____ Visa Type _____ Alien Resident? Yes No Alien Number _____

**If not a U.S. citizen, please attach a legible copy of your Visa and I-94 card or resident alien card.*

Section II

Educational Plans

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

Check the degree or program you intend to pursue at FSCJ. Degree-seeking students must provide an official transcript from their high school or official transcript of their equivalency degree. FSCJ will request official transcripts from our Adult High School and from Florida Public Schools. Placement Test Scores (ACT or SAT) taken in the last two years should be sent to Assessment and Certification, Kent Campus, 3939 Roosevelt Blvd., Room 104, Jacksonville, Florida 32205.

<input type="radio"/> B.A.S. Degree Program # _____	<input type="radio"/> A.A.S. Degree Program # _____
<input type="radio"/> B.S. Degree Program # _____	<input type="radio"/> Advanced Technical Certificate # _____
<input type="radio"/> B.S.N. Degree Program # N200	<input type="radio"/> Technical Certificate # _____
<input type="radio"/> A.A. Degree Program # 1108	<input type="radio"/> College Credit Non-Degree # _____
<input type="radio"/> A.S. Degree Program # _____	<input type="radio"/> Career Tech Programs # _____

Section III

Educational History

Last Term of Enrollment at FSCJ: Fall Spring Summer Year _____

High School _____ City _____ State _____ Graduation Date _____

Were you on academic suspension during your last enrollment at FSCJ? Yes No Unsure

Students who wish to re-enter FSCJ must complete an application for reinstatement available at any campus student success office.

Since you last enrolled at FSCJ, have you attended another college or university? Yes No

If yes, list colleges and universities below:

College/University Name	Address	City	State	Degree Earned
_____	_____	_____	_____	_____
College/University Name	Address	City	State	Degree Earned
_____	_____	_____	_____	_____

TRANSCRIPTS from each university/college attended **must be submitted** to **Student Records** at Florida State College at Jacksonville, P.O. Box 40515, Jacksonville, FL 32203-2550.

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 provides equal access to education, employment, programs, services and activities and does not discriminate on the basis of age, race, color, national origin, sex, disability, religious belief, or marital status. The College Equity Officer has been designated to handle inquiries regarding the non-discrimination policies and may be contacted at equityofficer@fscj.edu. 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 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.