



ADMISSION APPLICATION FOR NORTH FLORIDA COMMUNITY COLLEGE

325 NW Turner Davis Drive, Madison, Florida 32340

Contact NFCC Admissions for more information: 850/973-1622 or 850/973-9405 or email ADMISSIONS@NFCC.EDU. Fax 850/973-1697

1 STUDENT NFCC ID NUMBER (If previously attended) G	2 SOCIAL SECURITY NUMBER
3 LEGAL NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE)	
4 PRIOR NAME IF APPLICABLE (Maiden) _____	5 HAVE YOU PREVIOUSLY ATTENDED NFCC? <input type="checkbox"/> Yes <input type="checkbox"/> No* <small>*All first time Applications MUST include \$20.00 Nonrefundable fee</small>
6 MAILING ADDRESS _____ (Street) _____ (APT #) _____ (City) _____ (County) _____ (State / Zip Code)	7 PHONE NUMBERS Home _____ - _____ Work _____ - _____ Cell _____ - _____
8 EMERGENCY CONTACT INFORMATION Name _____ Relationship to student _____ Phone: _____	

THE FOLLOWING INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND THE TITLE IX OF THE EDUCATIONAL AMENDMENTS OF 1972 TO BE USED FOR REPORTING PURPOSES AND IS NOT USED IN DETERMINING ADMISSIONS TO NORTH FLORIDA COMMUNITY COLLEGE.

9 SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	11 CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee Alien <input type="checkbox"/> F-1 Student <input type="checkbox"/> Visa Other Than F-1 Visa type _____ <input type="checkbox"/> Other, Non-citizen <input type="checkbox"/> Permanent Resident Alien COUNTRY OF BIRTH _____ <small>PASSPORT, VISA AND/OR ALIEN CARD REQUIRED AT ADMISSIONS</small>	12A ETHNICITY Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	13 RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	14 COUNTRY OF CITIZENSHIP _____
10 DATE OF BIRTH ____/____/____ (Month/Day/Year)	12B ETHNICITY <input type="checkbox"/> Asia or Pacific Islander <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)	15 WHAT IS YOUR PRIMARY LANGUAGE? (I.E. THE LANGUAGE YOU USE MORE THAN 50% OF THE TIME) _____		
16 DEGREE OBJECTIVE <input type="checkbox"/> ASSOCIATE IN ARTS _____ <input type="checkbox"/> ASSOCIATE IN SCIENCE _____ <input type="checkbox"/> ASSOCIATE IN APPLIED SCIENCE _____ <input type="checkbox"/> CREDIT CERTIFICATE _____ <input type="checkbox"/> TECHNICAL DIPLOMA _____ <input type="checkbox"/> VOCATIONAL CERTIFICATE _____ <input type="checkbox"/> TRANSIENT STUDENT _____ <input type="checkbox"/> EPI PROGRAM _____ <input type="checkbox"/> NON-DEGREE SEEKING <input type="checkbox"/> JOB RELATED TRAINING <input type="checkbox"/> SENIOR CITIZEN (Must be 65 or older & DOB must be verified) <input type="checkbox"/> PERSONAL GROWTH		17 ENTERING YEAR _____ √ TERM <input type="checkbox"/> FALL (AUGUST) <input type="checkbox"/> SPRING (JANUARY) <input type="checkbox"/> SUMMER A (MAY) <input type="checkbox"/> SUMMER B (JUNE)	18 BASIS OF ADMISSION <input type="checkbox"/> HIGH SCHOOL GRAD/GED <input type="checkbox"/> UNIV/COLLEGE TRANSFER <input type="checkbox"/> TRANSIENT STUDENT	
19 DID BOTH OF YOUR PARENTS EARN A FOUR-YEAR COLLEGE DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO		20 ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO Discharge Date _____ Branch _____		

21 EDUCATION BACKGROUND (APPLICANTS WITH SPECIAL DIPLOMAS MUST OBTAIN A GED DIPLOMA BEFORE APPLYING)			
	DATE RECEIVED/ANTICIPATED		STATE AND COUNTRY (IF NOT US)
HOME SCHOOLED (NOTARIZED AFFIDAVIT REQUIRED)	____/____/____	_____	_____
GED DIPLOMA	____/____/____	_____	_____
STANDARD HIGH SCHOOL DIPLOMA	____/____/____	_____	_____
NAME OF HIGH SCHOOL _____			

All college credit and most PSAV applicants must have a Standard or College-ready high school diploma or GED certificate. Please have an official transcript sent from the high school to NFCC Admissions. For GED completers, please provide a copy of the GED Certificate and an official copy of the test scores.

List the full names of the colleges and universities previously attended. **DO NOT USE ABBREVIATIONS.** Failure to list all institutions could result in your application being denied or your admission being rescinded. *Use separate sheet if necessary and attach it to the application.*

An official transcript from each postsecondary school, college, or university you have attended must be provided.

NAME OF COLLEGE/UNIVERSITY (DO NOT USE ABBREVIATIONS)	CITY & STATE	DATES ATTENDED	HRS OR DEGREE EARNED	ELIGIBLE TO RETURN?

22 Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or is still pending, could result in probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license? (You are not required to include traffic violations which only resulted in a fine.)

Yes No

You must submit a full statement of relevant facts on a separate sheet attached to this application if your answer is YES. You may also be required to schedule an interview with the Dean of Student Services (or designee) and to furnish North Florida Community College with copies of all official documents explaining the final disposition of the proceedings.

VERIFICATION STATEMENT

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence affidavit may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned pursuant to 837.06, Florida Statutes. I certify that I will abide by all the regulations of North Florida Community College and the laws of the State of Florida. I agree that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol during enrollment at North Florida Community College. I further certify that if it becomes necessary for NFCC to engage the services of a collection agency or to initiate legal action to collect fees for tuition or any other services provided by NFCC, I will be responsible for all costs of collection, including but not limited to reasonable attorneys' fees.

Signature of Applicant

Date

Confidentiality of Student Records: *The Family Rights and Privacy Act of 1974 provides that "Directory Information" may be released to the general public upon request unless the student has specially requested in writing that some or all of the information not be released. A form is available upon request from the office of the Registrar.*

Student Disabilities: *Any student with a disability who wants to request accommodations, assistance, or information should contact Student Disability Services at (850) 973-1611 (TTY)*

Collection of Student Social Security Numbers: *This notice is intended for students, employees, and applicants. North Florida Community College collects your social security number for use in performance of the College's duties and responsibilities for the following possible purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collections; reconciliation; tracking, benefit processing; tax and scholarship reporting; financial aid processing; accreditation of programs; and reporting to authorized agencies of the state and federal government. Social security numbers are also used as a unique numeric identifier in certain cases and may be used for research purposes. Federal law requires that we protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned NFCC identification numbers to assist in protecting their identities.*

INFORMATION FOR RESIDENCY CLASSIFICATION

A Florida resident for tuition purposes is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve (12) months. Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien, granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Regents. All other persons are ineligible for classification as a Florida resident for tuition purposes. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents are presumed to be legal residents of the same state as their parents.

NON-FLORIDA RESIDENTS

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for reclassification as a Florida resident.

Signature: _____

Date: _____

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes. *Attach copies of required documents.* A notarized copy of your and/or your parent's most recent tax return or other documentation **MAY** be requested to establish dependence/independence.

Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.

Independent: a person who provided more than 50% of his/her own support.

A copy of the marriage certificate is **required** in all cases of spouse claiming partner's residency.

✓ (Check applicable item.)

- A. I am an **independent** person and have maintained legal residence in Florida for at least 12 months.
- B. I am a **dependent** person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C. I am a **dependent** person who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months. **Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.
- D. I am **married to a person** who has maintained legal residency in Florida for at least 12 months. I have now established legal residency and intend to make Florida my permanent home. **Required:** Copy of marriage certificate, claimant's voter registration, driver's license and vehicle registration.
- E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- F. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien granted** indefinite stay and have maintained a domicile in Florida for at least 12 months. **Required:** INS documentation and proof of Florida residency status.
- G. I am a **member of the armed services of the United States** and I am stationed in Florida on active duty pursuant to military orders, or whose home of record is Florida, or I am a member's spouse or dependent child. **Required:** Copy of military orders or DD2058 showing home of record.
- H. I am a **full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education**, or I am the **employee's spouse or dependent child**. **Required:** Copy of employment verification.
- I. I am part of the **Latin American/Caribbean Scholarship Program**. **Required:** Copy of scholarship papers.
- J. I am a **qualified beneficiary** under the terms of the **Florida Prepaid College Program** (s.240.551, F.S.)
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the FSU Panama Canal Branch, or I am the student's spouse or dependent child. **Required:** Copy of marriage certificate or proof of dependency.
- L. I am a **full-time employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. **Required:** Copy of employment verification

PERSON CLAIMING RESIDENCY MUST COMPLETE THE FOLLOWING SECTION IN FULL....

Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term in which a Florida resident classification is sought. All documentation is subject to verification.

Name of Student: _____ Student's Social Security Number _____/_____/_____

All of the questions below pertain to the person claiming Florida residency (If the student is a dependent, the person claiming Florida Residency is the parent or legal guardian.)

1. Name of person claiming Florida residency: _____
2. Relationship of claimant to student: _____
3. Permanent legal address of claimant: _____

4. Claimant's telephone number (Home) _____
(Work) _____
5. Date claimant established Florida Residency and domicile _____ / _____ / _____
(Month) (Day) (Year)
6. Claimant's Florida driver's license: _____
Number Original Issue Date
7. Claimant's Florida vehicle registration: _____
Decal Number Plate Issued Date
8. Claimant's Florida voter registration: _____
Number Issue Date

CERTIFICATION

I do hereby swear or affirm that the above named student meets all requirements for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to the penalties for making a false statement pursuant to 837.06, Florida Statutes.

Signature of Person claiming Florida residency _____ / _____ / _____
Date

STUDENT AGREEMENT

I understand that this application is for admission to the program identified on page 1 and is valid only for the academic year in which I apply. A new application will be required if I wish to change my educational goal.

I also understand and agree that I will be bound by the college's regulations concerning application deadlines and admission requirements. I further agree to the release of any transcript, student record, and test scores to the college (including my ACT Inc., Florida College Entry-Level Placement Test, or SAT-I score reports that the college may request from the College Board, ACT Inc., or another Florida public college or university.) I understand and agree that I will be bound by the College's regulations as published in the college catalog and the student handbook.

I hereby authorize NFCC to release electronically my transcript and initial placement scores and exit test to a Florida college or university. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the college, I shall immediately notify the Office of the Registrar in writing. I understand that the \$20 payment I submit with this application is a nonrefundable fee.

Signature of Student _____ / _____ / _____
Date