

**FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
READMISSION/ RECLASSIFICATION APPLICATION**

Please check the option that applies:

\_\_\_\_\_ I am applying for readmission (*complete front and back of form*).

\_\_\_\_\_ I am applying for residency reclassification for the \_\_\_\_\_ term (*only complete the personal information section and the back of this form*).

NAME:

\_\_\_\_\_

Last	First	Middle	Previous Name
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Social Security Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*\*PLEASE WRITE THE YEAR YOU WILL BE RETURNING BY THE APPROPRIATE TERM LISTED BELOW\*\*\*

AUGUST/FALL TERM: \_\_\_\_\_ JANUARY/SPRING TERM: \_\_\_\_\_ MAY/SUMMER TERM: \_\_\_\_\_

ADMISSION STATUS: (PLEASE CHECK ONE AND ENTER PROGRAM OF STUDY NUMBER IF REQUIRED)

<input type="checkbox"/> AA Degree <input type="checkbox"/> AS Degree <input type="checkbox"/> AAS Degree <input type="checkbox"/> Advanced Technology Certificate <input type="checkbox"/> Workforce Certificate <input type="checkbox"/> Technical Certificate <input type="checkbox"/> College Credit Non-degree	Program Number _____ Program Number _____ Program Number _____ Program Number _____ Program Number _____ Program Number _____ Program Number _____	<input type="checkbox"/> Continuing Education Personal Enrichment <input type="checkbox"/> Continuing Education Career Enrichment <input type="checkbox"/> GED <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> English for Speakers of Other Languages (ESOL) <input type="checkbox"/> High School Completion
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**SECTION: (A)** Degree seeking students must provide an official transcript from their high school or official transcript of GED. FCCJ will request official transcripts from FCCJ's Adult High School and from Duval and Clay County Public Schools.

Please List High School/GED Agency

High School /Equivalency Diploma	Address/Agency	City	State	Graduation Date/Date Issued
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**SECTION: (B)** Students who have attended other universities/colleges are required to send FCCJ official transcripts of each university/college attended. **ALL TRANSCRIPTS** from each university/college attended must be submitted to **Student Records/Registrar Office** at 940 N. Main Street Jacksonville, Florida 32202. **Transcripts** will be evaluated once you register. Allow 2-4 weeks for evaluation.

**Placement Test Scores** (ACT or SAT) taken in the last two (2) years, should be sent to **Assessment and Certification**, Kent Campus, 3939 Roosevelt Blvd., Room 104, Jacksonville, Florida 32205.

Please List All Universities and Colleges Attended: (Attach additional sheet if necessary.)

College/University Name	Address	City	State	Degree Earned
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College/University Name	Address	City	State	Degree Earned
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**FAILURE TO PROVIDE THE INFORMATION IN SECTIONS A-B WILL BLOCK REGISTRATION FOR FUTURE TERMS.**

**FOR NON-U.S. CITIZENS ONLY:**

WHAT VISA DO YOU HOLD? \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

**(IF YOU ARE A VISA HOLDER OR A PERMANENT RESIDENT, YOU MUST PROVIDE A COPY OF YOUR VISA AND I-94 CARD OR PERMANENT RESIDENT CARD.)**

\*\*\*PLEASE COMPLETE THE RESIDENCY INFORMATION ON THE OTHER SIDE OF THIS FORM\*\*\*

**RESIDENCY VERIFICATION/RECLASSIFICATION**

Tuition for students who qualify as a **“Florida Resident”** is less than **“Non-Florida Resident”**. Florida State Statute 1009.21 defines resident status for tuition purposes. A Florida resident student is one who is a citizen of the United States and has been a resident of the State of Florida for at least **12 months** preceding the first day of classes of the term for which Florida residency is sought. Some special categories below may qualify a student to register for in-state tuition.

**\*\*\*Check the box with the appropriate letter that qualifies you as a Florida resident for tuition purposes\*\*\***

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| <p><input type="checkbox"/> [a] I am an independent person at least 24 years old and have maintained legal residence in Florida for at least 12 months.</p> <p><input type="checkbox"/> [b] I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.</p> <p><input type="checkbox"/> [c] I am a person under the age of 24, have maintained legal residence in Florida for at least 12 consecutive months but want to be considered as independent for tuition purposes. (Supporting documents required).</p> <p><input type="checkbox"/> [d] I am a dependent child whose parents are divorced, separated or otherwise living apart, and one parent is a legal resident of Florida (regardless of which parent claims the minor for tax purposes).</p> <p><input type="checkbox"/> [e] I am a dependent person who has resided for five years with a legal resident adult relative other than my parent or legal guardian. (Proof required.)</p> <p><input type="checkbox"/> [f] I am married to a person who is a legal Florida resident. I have now established legal residence and intend to make Florida my permanent home. (Copy of your marriage certificate is required.)</p> <p><input type="checkbox"/> [g] I enrolled as a Florida resident for tuition purposes at a Florida public institution of higher education, but abandoned Florida residency and then re-enrolled in Florida within 12 months of the abandonment (Proof required).</p> <p><input type="checkbox"/> [h] I am a permanent resident alien, legal alien or eligible non-immigrant category, granted indefinite stay by the U.S. Citizenship and Immigration Services, and have maintained legal residence in Florida for at least 12 months. (UCIS proof required.)</p> <p><input type="checkbox"/> [i] I am a full-time instructional or administrative employee of a Florida public school, community college or university or I am the employee’s spouse or dependent child. (Copy of the employment verification is required.)</p> | <p><input type="checkbox"/> [j] I am a student from Latin America/Caribbean and receive scholarships from the federal or state government. (Proof required.)</p> <p><input type="checkbox"/> [k] I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program 1009.972. (Copy of eligibility card is required.)</p> <p><input type="checkbox"/> [l] I am an active duty member of the armed services of the United States residing or stationed in Florida (and spouse/dependent children); active duty Florida National Guard (and spouse/dependent children) or military personnel not stationed in Florida whose home of record or state of legal residence is Florida. (Copy of the military orders DD2058 or military document showing home record is required. Military ID required for dependent.)</p> <p><input type="checkbox"/> [m] Active duty members of the Armed Services of the United States residing or stationed in this state their spouses, and dependent children, and active members of the Florida National Guard who qualify under s. 250.10 (7) and (8) for the tuition assistance program. (Copy of the military orders or other proof required.)</p> <p><input type="checkbox"/> [n] Active duty members of the Armed Services of the United States and their spouses attending a public community college or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. (Copy of the military orders or other proof required.)</p> <p><input type="checkbox"/> [j] Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Proof required.)</p> |
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**\*\*\* TWO FORMS OF DOCUMENTATION TO VERIFY RESIDENCY/AT LEAST TWO FORMS FOR RECLASSIFICATION\*\*\***  
 (Copies of documents must be attached and additional documents may be required)

**Driver’s License or FL I.D.:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Voter’s Registration:** State: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_ Date originally registered: \_\_\_\_\_

**Vehicle Registration:** State: \_\_\_\_\_ VIN or Title Number: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**For a list of additional eligible documentation, contact any campus enrollment office or call, (904) 646-2300 for assistance.**

**I, the (claimant), understand that a false statement on this affidavit could result in disciplinary action, denial or admission invalidation of credits or degrees earned or may be the basis for criminal prosecution under section 837.06 of the Florida Statutes.**

Student’s or Claimant’s Signature (sign in ink)	Relationship to Student	Date
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**NON-FLORIDA RESIDENTS:**

I understand that I do not qualify as a Florida resident for tuition purposes for the term which this application is submitted and that if I should qualify for some future terms, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification, Florida residency is defined in State Statute 1009.21. 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.

Student’s Signature (sign in ink)	Date
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