



UPDATE APPLICATION
ST. JOHNS RIVER COMMUNITY COLLEGE
AND FLORIDA SCHOOL OF THE ARTS

Rev. 6/07

Mail to: Admissions & Records Office, SJRCC, 5001 St. Johns Avenue, Palatka, FL 32177-3897

Social Security Number input fields

NAME: (If your name has changed (first, middle, or last), you must submit appropriate name change documents to the Records Office.)

Name input fields for LAST, FIRST, MIDDLE

PERMANENT MAILING ADDRESS:

Street, Box, RFD, City, State or Country, Zip

TELEPHONE: Home: AC - Number Ext.: Work: AC - Number Ext.:

DATE OF BIRTH: Month Day Year

CITIZENSHIP (please check one): U.S. Citizen Permanent Resident Alien: Country Immigration # Refugee: Country Immigration #

PERSON TO NOTIFY IN CASE OF EMERGENCY: (Please list someone with a different address and phone number from the student)

Name Street Address City State Zip

TELEPHONE: Daytime Phone: AC - Number Ext.:

HIGH SCHOOL LAST ATTENDED: Name of High School City State or Country Graduation Date

ATTENDED HOME SCHOOLING: City State or Country Graduation Date

PROGRAM PLAN: A.A. degree A.S. degree Certificate Florida School of the Arts Non-degree

Write in your program code (see Program of Study Codes Sheets): Primary Program Code (Required if degree seeking.) (AS degree students should select shortest related certificate): Secondary Program Code

HAVE YOU ATTENDED ANY OTHER INSTITUTION SINCE LEAVING SJRCC?

I have not attended any other regionally accredited college or university. The last college I attended was in the state of Florida. OR The last college I attended was in another state.

ALL TRANSFER STUDENTS I am not on academic/disciplinary suspension and am eligible to reenroll at the last institution attended. MUST CHECK ONE: OR I am on academic/disciplinary suspension from the last institution attended.

NOTE: A student on suspension may be eligible for admission and registration only after approval of submitted petition.

Students who have enrolled in any regionally accredited college or university must complete this section, even if they are non-degree seeking with St. Johns River Community College. Degree-seeking students must provide official copies of academic transcripts and course descriptions from all previous colleges attended. No evaluation of transfer credits will be done until these have been received, the student is clear with Admissions, and the student is currently enrolled at SJRCC. Student will be ineligible for Financial Aid (except Veteran's Benefits) until all documents have been received.

Table with 5 columns: Name of all colleges attended, State, Attended From (Year), To (Year), Degree Earned (Yes or No)

Name(s) on above records if different from your present name.

ASSISTANCE FOR DISABLED PERSONS: If you require special services due to a disability, you may notify the counseling office on the campus nearest you. This voluntary self-identification allows SJRCC to prepare appropriate support services to facilitate your learning. This information is confidential and does not affect your admission to the college.

ALL APPLICANTS MUST SIGN BELOW

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. If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the college. Should any of the information I have given change prior to my entry, I will immediately notify the admissions office. I certify that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at St. Johns River Community College. I agree to the release of any transcripts or test scores to this institution, including but not limited to any SAT, Achievement Test, and ACT score reports that this institution may request from other institutions, the College Board, or ACT. I hereby authorize SJRCC to transfer my student records from any Florida school or college previously attended that can transmit records electronically to SJRCC. I further agree to allow my academic records to be transferred electronically to any educational institution of my choice.

TERM PLANNING TO RETURN

SIGNATURE OF APPLICANT

INFORMATION FOR RESIDENCE 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 months. Residence in Florida must be a bonafide domiciliary rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. 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, Board of Regents, and the State Board of Community Colleges. **All other persons are ineligible for classification as a Florida "resident for tuition purposes."**

To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the Immigration and Naturalization Service. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education. Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. A copy of your most recent tax return or other documentation may be requested to establish dependence/independence.

- DEFINITIONS:
- A) DEPENDENT: A person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.
- B) INDEPENDENT: A person who provides more than 50% of his/her own support.

FLORIDA RESIDENTS

Check one statement in (A), then complete (B)

(IF YOU DO NOT QUALIFY, SIMPLY SIGN THE NON-FLORIDA RESIDENT SECTION (C) BELOW)

Office Use Only: County _____
State _____
Date/Initials _____

A.

- 1. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- 2. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- 3. 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.
- 4. A Florida public **college/university declared me a resident** for tuition purposes. Name of institution: _____
- 5. I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have established legal residence and intend to make Florida my permanent home (copy of marriage certificate required).
- 6. 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 I am now re-establishing Florida legal residence.
- 7. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay. I have maintained domicile in Florida for at least 12 months (INS documentation required).
- 8. I am a **member of the armed services** of the United States and I am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida (or I am the member's spouse or dependent child)(copy of military orders (DD2058) or military document showing home of record required).
- 9. 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)(copy of employment verification required).
- 10. I am part of the **Latin American/Caribbean scholarship program** (copy of scholarship papers required).
- 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-secondary Expense Program (S.1009.988(2) (copy of card required).
- 12. I am **living on the Isthmus of Panama** and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch (or I am the **student's spouse or dependent child**).
- 13. 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.

ATTACH COPIES OF DOCUMENTATION INDICATED ABOVE - Additional documentation (e.g., copies of voter's registration, driver's license, tax returns, deeds, etc.) may be required by the College in some cases. **ALL DOCUMENTATION IS SUBJECT TO VERIFICATION.** Someone other than the student (e.g., parent) should complete this affidavit if the student is dependent or seeks to be classified as a Florida resident by virtue of relationship. Otherwise, the student should complete this affidavit.

PLEASE PRINT:

B.

1. Name of Student: _____ 2. Student SSN: _____

The **CLAIMANT** is the person who is claiming Florida residency, e.g., the student (if independent), the parent, spouse, or legal guardian. **All of the questions below pertain to the claimant.**

3. Name of Claimant: _____ 4. Relationship of Claimant to Student: _____

5. Permanent Legal Street Address of Claimant: _____

6. Date Claimant Began Establishing Legal Florida Residence and Domicile: _____

7. Claimant's Voter Registration: State: _____ County: _____ Number: _____ Original Issue Date: _____

8. Claimant's Driver's License: State: _____ Number: _____ Original Issue Date: _____

9. Claimant's Vehicle Registration: State: _____ License Tag Number: _____ Issue Date: _____

10. Non-U.S. Citizen Only: Resident Alien Number: _____ Date Card Issued: _____

(Copy of both sides of card required)

ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION

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

Signature in Ink of Person Claiming Florida Residency

County

Date

NON-FLORIDA RESIDENTS ONLY

C.

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 a future term, it will be necessary for me to file the required documentation prior to the beginning of the term in order to be considered for Florida residency classification.

Signature in Ink

State or Country prior to FL

Date

St. Johns River Community College does not discriminate against any employee, prospective employee, student, or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, creed, color, national origin, marital status, or religion nor does it discriminate against the qualified disabled or on the basis of age or sex, except where age or sex is a bonafide qualification. The College subscribes to and endorses all provisions of the Civil Rights Act of 1964, as amended; Federal Executive Order 11246, as amended; Title VI and Title IX of the Educational Amendments of 1972, as amended; and the Rehabilitation Act of 1973, as amended.