# APPLICATION FOR ADMISSION

## Instructions

### Admission
Complete this form in full. Incomplete applications will be returned. Any person seeking to enroll in a credit course at Florida Keys Community College must submit an application for admission. Each new applicant is charged a $30.00 application fee, which covers the administrative cost of processing the application. This fee applies to credit and audit students, whether full-time or part-time, day or evening. The application fee is not refundable or transferable. This fee must be paid at the time of admission or prior to placement testing. **New applicants should be prepared to present two forms of documentation regarding residency at the time of admission.** Applications may be submitted in person or mailed to the Office of Enrollment Services, Florida Keys Community College, 5901 College Rd., Key West, FL 33040.

### Official Transcripts
Applicants who are degree seeking are required to request official transcripts from each educational institution previously attended. These documents must be sent directly to FKCC from the educational institution attended. Faxed or hand-delivered (unsealed) transcripts are not considered official.

First time in college, degree seeking students must provide official high school transcripts, high school equivalency diploma or home school documentation.

Transfer degree seeking students must submit official transcripts for all institutions previously attended.

It is the responsibility of degree seeking students to have all official transcripts forwarded to the Office of Enrollment Services prior to or during the first term of enrollment. If a student fails to provide transcripts during that time, a registration hold will be placed on the student and he/she will not be permitted to register for any subsequent term.

### Financial Aid
All students interested in Financial Aid are encouraged to apply as early as possible and to contact the Financial Aid Office (305) 809-3260 for special help. In order to qualify for Financial Aid you must also be in a degree-seeking program, see Program Codes on page 2.

### Veterans Benefits
FKCC is approved for the training of entitled veterans who can qualify for such training under current federal laws. Contact the Senior Enrollment Services Specialist in the Office of Enrollment Services (305) 809-3246 for more information.

### Transient Students
Students seeking to enroll in courses at FKCC for transfer back to their home institution should request written permission each semester from their home institution.

### Students Still in High School
High school students who wish to take FKCC courses must have a completed Dual Enrollment Authorization Form for each course they wish to take. This form is available from their high school counselor.

Home schooled students are required to complete the Dual Enrollment/Early Admissions Form for Home Schooled Students, available in the Office of Enrollment Services.

### Students with Disabilities
Students with disabilities are encouraged to contact the Coordinator of Services for Students with Disabilities at (305) 809-3196.

## Office of Enrollment Services
Florida Keys Community College
5901 College Road, MM5
Key West, FL 33040
(305) 809-3188

Middle Keys Center
900 Sombrero Beach Road, MM50
Marathon, FL 33050
(305) 743-2133

Upper Keys Center
P.O. Drawer 600
89951 US Highway 1, MM80
Tavernier, FL 33070
(305) 852-8007

Visit us online at [www.fkcc.edu](http://www.fkcc.edu)
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<th>PROGRAM CODES AND ADVISORS</th>
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<td>MIDDLE KEYS CAMPUS</td>
<td>UPPER KEYS CAMPUS</td>
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<td>Advising Services (305) 809-3196</td>
<td>(305) 743-2133</td>
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<tr>
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<td>210 AS-COMPUTER PROGRAMMING &amp; ANALYSIS</td>
<td>220 AS-DIVING BUSINESS &amp; TECHNOLOGY</td>
<td>William Chalfant (305) 809-3295 <a href="mailto:william.chalfant@firn.edu">william.chalfant@firn.edu</a></td>
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<tr>
<td>240 AS-MARINE ENGINEERING</td>
<td>Mark Woods (305) 809-3232 <a href="mailto:mark.woods@firn.edu">mark.woods@firn.edu</a></td>
<td>250 AS-MARINE ENVIRONMENTAL TECHNOLOGY</td>
<td>270 AS-NURSING (Limited Access) Michael Tomak (305) 809-3265 <a href="mailto:mtomak@firn.edu">mtomak@firn.edu</a></td>
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<td>272 PRE-NURSING (Awaiting admission into the Nursing program)</td>
<td>Michael Tomak (305) 809-3265 <a href="mailto:mtomak@firn.edu">mtomak@firn.edu</a></td>
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<td>325 AAS-CULINARY MANAGEMENT</td>
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<td>320 AAS-CRIMINAL JUSTICE TECHNOLOGY</td>
<td>Nancy Bunch (305) 809-3265 <a href="mailto:bunch_nancy@firn.edu">bunch_nancy@firn.edu</a></td>
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<td>CERTIFICATES</td>
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<td>410 CERTIFICATE-BUSINESS DATA PROCESSING</td>
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<td>400 CERTIFICATE-ADDICTIONS STUDIES</td>
<td>Larry Prescott (305) 809-3244 <a href="mailto:prescott_l@firn.edu">prescott_l@firn.edu</a></td>
<td>430 CERTIFICATE-SMALL BUSINESS MANAGEMENT</td>
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<td>700 EPI</td>
<td>Nicole Gerrard (305) 809-3262 <a href="mailto:nicole.gerrard@firn.edu">nicole.gerrard@firn.edu</a></td>
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<td>NON-DEGREE/NON-CERTIFICATE OBJECTIVES</td>
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<td>915 Non-Degree-Professional Development/Job Training</td>
<td>920 Non-Degree-Personal Enrichment Life-Long Learning</td>
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Please type or clearly print in ink all requested information on both sides of this application. Incomplete applications will not be processed.

Office Use Only  Appl Fee Paid  Date Payment Received  Validated by:  Term/Year Admitted  Initials

General Information

Social Security Number  
Have you previously applied to FKCC?  Yes  No

Full Legal Name:  

(Last)  (First)  (Middle)  (Former)

Present Mailing Address  
Number and Street  Apt./Lot Number

City  State  Zip Code

Phone:  Email Address

Home  Work  Cell

Do you object to the college releasing directory information concerning you?  (i.e. mailing lists, information released over the phone)  Yes  No

Gender*:  Male  Female  Race*:  White  Black  Hispanic Origin  Asian/Pacific Islander  Native American  Other____________

Citizenship*:  U.S. Citizen  Resident Alien/Refugee Card No.  Student Visa  Tourist  Other (specify)____________

Primary language spoken:  English  German  Spanish  French  Other____________________________

*Information is voluntary and kept confidential

Date of Birth:  City of Birth:  State/Country of Birth

MM  DD  YYYY

Name of person to be contacted in case of an emergency:

Street Address of Emergency Contact  City  State  Zip Code  (Area Code) Phone Number

Your relationship to the above person:  spouse  sibling  parent  other____________________

Enrollment Plans

Beginning term of enrollment:  Term 1 (Aug.-Dec./Fall)  Term 2 (Jan.-Apr./Spring)  Term 3 (May-Aug./Summer)

Campus you will attend:  Key West (main)  Marathon  Coral Shores

Intended program of study:  (See page 2) ___________________

(Required for Financial Aid-see page 1)

Basis of Admission

†  First-time in college (high school or GED graduate)

†  Transfer student

†  Dual enrolled high school student

†  Non-high school graduate

†  Transient student (see pg. 1)

†  Non-degree student

High School Information

High School Graduation Date:  High School Name:

MM  YYYY

City____________________  State/Nation____________________

Diploma earned:  Standard High School Diploma  GED  Certificate of Completion  Did not graduate from high school  Special Diploma  Home School  Currently enrolled in high school

MM  YYYY

Previous Postsecondary Education

(List all colleges, universities and technical schools you have attended since high school)

Name of Institution  City/State  Dates of Attendance  Degrees Earned

Signature of applicant 18 years or older, or parent/guardian of minor

Date

* Voluntary application information will not be used discriminatively, but will aid the college in its commitment to equal education opportunity.

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### Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parents or legal guardian has, established and maintained a legal residency in Florida for at least twelve months. Residence in Florida must be as a bonafide domicile rather than for the purposes 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 for support are presumed to be legal residents of the same state as their parents. Applicants should review the FKCC catalog for further residency information.

#### 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 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 Florida residency classification.

**Signature in Ink:** ___________________________________________ Date: ____________________

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**Florida Residents - Check one box only**

A notarized copy of your most current tax return or other documentation may be requested to establish dependence/independence.

**Independent:** a person who provided more that 50% of his/her own support. A copy of marriage certificate is required in all cases of spouse claiming partner's residency.

- [ ] I am an independent person and have maintained legal residence in Florida for at least 12 months.
- [ ] I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- [ ] 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 dependence.)

**Dependent:** a person who provided 50% or more of his/her own support. A copy of marriage certificate or proof of dependency is required in all cases of spouse claiming partner's residency.

- [ ] I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage certificate, claimant's voter registration, driver's license and vehicle registration.)

- [ ] 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.

- [ ] I am a member of the armed services of the United States and am stationed in Florida on active military 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.)

- [ ] 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 am part of the Latin American/Caribbean Scholarship program. (Required: Copy of scholarship papers.)

- [ ] I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.240.551, F.S.)

- [ ] 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.)

- [ ] I am a Southern Regional Education Board's Academic Common Market graduate student. (Required: Certification letter from State Coordinator.)

- [ ] I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid for by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Letter of Intent from State agency.)

- [ ] I am a McKnight Fellowship recipient. (Required: Verification from graduate studies.)

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**Person claiming residency should complete this 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 for which a Florida resident classification is sought. All documentation is subject to verification. Additional documentation other than what is required above may be requested in some cases.

**Please Print:**

1. Name of Student: ___________________________ 2. Student Social Security Number: _____ / _____ / ______

3. Name of person claiming Florida residency:

4. Claimant's relationship to student:

5. Claimant's permanent legal address:
   - Street / P.O. Box: ___________________________
   - Apt. No.: ___________________________
   - City/State: ___________________________
   - Zip Code: ___________________________

6. Claimant's telephone number: (____) ______________

7. Date claimant began establishing Florida residence and domicile: ______/____/____

8. Claimant's voter registration: State: ______ Number: ___________ County: ___________ Issue Date: ______/____/____

9. Claimant's driver's license: State: ______ Number: ___________ Issue Date: ______/____/____

10. Claimant's vehicle registration: State: ______ Tag Number: ___________ Issue Date: ______/____/____

11. Non-U.S. Citizen only: Resident Alien Number: ___________ Issue Date: ______/____/____

(Copy both sides of card required.)

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 to BOR Rule 6C-6.001 (60, F.A.C.).

**Signature of person claiming Florida residency (as listed in Item #3 above) ___________________________ Date: ____________________

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