



Early Admission Program

Application for College Credit Admission

College Use Only
Student Special
Designator:

PERSONAL INFORMATION

Please print in ink and complete in full.

Name _____

Last
First
Middle
Previous Name If Any

Social Security or College ID Number _____ **Telephone ()** _____

*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. Florida State College will collect your Social Security Number (SSN) for 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 and use of social security numbers (<http://www.fscj.edu/ssn>).

Mailing Address _____

Number and Street or P.O. Box
Apt. #

City
State
ZIP Code
E-Mail

Emergency Contact _____ **Telephone ()** _____ () _____

Home
Work

Gender: Female Male **Primary Language:** English Spanish Other _____

Date of Birth ____/____/____ **Age** _____ **Grade Level** _____ **Country of Birth** _____

Information submitted in this section of the application is voluntary and will not be used in the admission process.

Are you Hispanic/Latino? Yes No Prefer Not to Disclose.

Please select the racial category or categories with which you most closely identify. Check as many as apply.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Prefer Not to Disclose.

ENROLLMENT PLANS

Name of high school _____ **City** _____ **Anticipated graduation date: Month** _____ **Year** _____

After high school graduation I plan to pursue the following:
 Associate in Arts Degree Associate in Science Degree Associate in Applied Science Degree Technical Certificate Program

Dual Enrollment course(s) for which this application is intended: **[IMPORTANT: Attach Alternate Course Form]**

Term	Course #	Ref. #	Course Title	Location of Class

TEST SCORES

To qualify for enrollment in the dual enrollment program, **valid test scores must be on file or attached.** Please mark one of the following:

- SAT Attach a copy of test results.
- ACT Attach a copy of test results.
- FCLEPT Scores must be on file at College assessment services department.

Check **all high school mathematics** course(s) that you have completed to date. (Mark all that apply.)

- _____ a. Algebra I
- _____ b. Algebra II
- _____ c. Geometry
- _____ d. Trigonometry
- _____ e. Calculus or Pre-Calculus

HIGH SCHOOL PERSONNEL AGREEMENT*To be completed by School Officials*

Name of Applicant _____

is currently enrolled as a senior at _____ High School in _____ County, which has a dual enrollment contract with Florida State College at Jacksonville. This individual meets the established grade point average (GPA) and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed on the reverse side of this application. We agree that should the student fall below the requirements at the end of any College term, he/she will be accepted back into the high school program. The high school diploma will be granted by the high school after the student has completed the listed college courses and any other requirements designated by the high school.

Mark items attached:

- Transcripts and GPA
 Test Scores

PLEASE ATTACH FULL TRANSCRIPT OR ACADEMIC HISTORY WITH CURRENT CUMULATIVE GPA.*Applications without the appropriate attachments will be returned.*

High School Counselor Name (Please Print) _____

High School Counselor Signature _____ Date _____

Counselor e-mail address _____ Phone Number _____

PARENT/GUARDIAN AGREEMENT & RESIDENCY AFFIDAVIT*To be completed by Parent/Guardian*

Name of Applicant: _____ has my permission to enroll at Florida State College in the dual enrollment program. I understand that credit will be provisional until he/she earns a high school diploma. I have read the section above signed by the school officials and agree that my child will return to high school upon failing to meet the requirements listed above.

I attest that I am a bona fide resident and domiciliary of the State of Florida. I have lived in Florida since: Month _____ Day _____ Year _____. I declare under penalty or perjury punishable by law as a misdemeanor under Section 837.06, Florida Statutes, that the foregoing is true and correct.

Parent/Legal Guardian Signature _____ Date _____

STUDENT AGREEMENT*To be completed by Student*

- I hereby apply for admission to Florida State College at Jacksonville and agree to abide by all rules and regulations of the College.
- I authorize release of my academic record to the high school named in this application.
- I understand that Florida State College at Jacksonville will not release official transcripts to any other schools/organizations until verification of high school graduation is received and the Record Change Form is completed to change my admission status.
- I understand that to continue enrollment at Florida State College at Jacksonville after graduation, I must submit a Record Change Form to change my admission status.
- I have checked this application for error and certify that the information is accurate and complete.

Applicant Signature _____ Date _____