

HILLSBOROUGH

Community College

Application for Admission

\$20 Non-refundable Application Fee Required

Check the campus you plan to attend: Dale Mabry P.O. Box 30030 Tampa, FL 33630-3030 Ybor City P.O. Box 5096 Tampa, FL 33675-5096 Brandon 10414 E. Columbus Dr. Tampa, FL 33619-7856 Plant City 1206 North Park Road Plant City, FL 33563-1540

Please print/type with black ink all information. Applicants for Health Science, Nursing and the HCC Honors Institute must submit separate program applications.

AVRR Operator	Entry Term
Date	SU/09
Student I.D. #	

PERSONAL INFORMATION

Legal Name: Last _____ First _____ Middle _____

Previous Name _____

Local Address _____ Apt. _____

City _____ State _____ Zip Code _____ County _____

Residence (at time of application) City _____ State _____

Phone: Home () _____ Business () _____ Cell () _____

Social Security Number: _____ Date of Birth: Month _____ Day _____ Year _____

Ethnicity: (Required by the U.S. Office of Education, Title VI Civil Rights Act of 1964. To be used for reporting purposes and is not used in determining admission.)

Only check one: White Black or African American Asian Native Hawaiian or other Pacific Islander Hispanic American Indian or Alaskan Native

Gender: Male Female E-mail Address: _____

Emergency Contact: Name _____ Home Phone _____ Work Phone _____

Student Driver's License # _____ State _____

U.S. Citizen? Yes No If no, name of country _____

Are you a resident alien? Yes No Resident Alien # _____ Date Issued _____

Country of Citizenship _____

Please attach copy of RA card. Card must be submitted with application.

For applicants who entered the U.S. on a visa and are not resident aliens:

Date of entry into the U.S. _____ Visa type _____ Date Issued _____

Country issuing Visa _____ Expiration Date _____

Country of Citizenship _____

Please attach a copy of I-94 card and visa.

ADMISSION STATUS

When do you plan to enroll? Year _____ Check one: Fall (August) Spring (January) Summer (May)

Indicate the academic degree you hope to achieve at HCC. (Use academic program codes in the instructions published in the catalog). To apply for financial aid or VA, you must be seeking a degree.

Associate in Arts Degree _____ Associate in Science Degree _____ College Credit Certificate _____

Associate in Applied Science _____ Applied Technology Diploma _____

Mark the statement which most closely corresponds to your status:

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> First Time in College | <input type="checkbox"/> Transfer Student | <input type="checkbox"/> Teacher Recerification | <input type="checkbox"/> Tech Prep |
| <input type="checkbox"/> Former HCC Student Returning | <input type="checkbox"/> Prior Degree | <input type="checkbox"/> Transient Student: Current Inst. | |
| <input type="checkbox"/> Credit in Escrow | <input type="checkbox"/> Early Admission Student | <input type="checkbox"/> Dually enrolled H.S. Student | |
| <input type="checkbox"/> Non-Degree Seeking | <input type="checkbox"/> Con Ap Program | <input type="checkbox"/> Senior Citizen (60 years or older) | |

EDUCATIONAL BACKGROUND

Secondary Education

HCC requires a standard high school diploma or a certificate of completion (college placement test eligible). Applicants who do not meet this requirement should meet with an advisor or counselor. You are required to submit all official college transcripts directly to the HCC Transcript Office, P.O. Box 31127, Tampa, FL 33631-3127. If you did not attend college, submit your official standard high school transcript or GED scores to the campus you plan to attend. Financial Aid applicants must submit high school and college transcripts.

I received my high school diploma from:
High School Name: _____ City _____ State (Foreign Country) _____ on _____ Month _____ Year _____

I will receive my high school diploma from:
High School Name: _____ City _____ State (Foreign Country) _____ on _____ Month _____ Year _____

I received a General Education Diploma (GED) from Military or State _____, Date _____ GED scores must be submitted to ARR.

Postsecondary Information

List all colleges, universities, technical schools, etc., that you are currently attending or have previously attended, including HCC.

Name of Institution (print complete name)	City/State/Foreign Country	Dates of Attendance - From Mo/Yr to Mo/Yr	Hours/Degree Earned
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Florida residency compliance is required for this class.

To be in compliance with Florida Law and State Board of Education rule, two forms of documentation dated or issued at least 12 months prior to the first day of classes for the term (defined as the regular 16 week term) in which residency is requested are required. The two forms of documentation must be presented prior to the last day of drop/add for the intended term of enrollment. Possession of a legal tie to any other state (driver's license, vehicle registration, voter registration) negates the ability to be classified as a Florida resident for tuition purposes.

Present a copy of any 2 forms below – along with your application.

- Florida driver's license issued 12 months prior to the first day of classes (original issue)
- Florida Vehicle registration
- Florida Voter's registration issued 12 months prior to the first day of classes.
- Florida State identification card issued 12 months prior to the first day of classes (only for individuals who do not or cannot drive) accompanied by notarized statement indicating that the student or the student's mother, father or legal guardian does not drive, does not hold a driver's license in any state, and does not own a vehicle.
- Letter of employment on company letterhead indicating (a) full-time non-temporary employment in Florida or (b) part time permanent employment in Florida.
- Proof of purchase of permanent home in Florida with documentation of the filing of Homestead exemption.
- Professional of Occupation license in Florida issued 12 months prior to the first day of classes.
- Declaration of Domicile filed with the Clerk of Court as least 12 months prior to enrollment.

Note: rent receipts, utility bills, telephone bills, leases and tax returns are not acceptable for validating legal Florida residence for tuition purposed at a state-supported institution.

RESIDENCE CLASSIFICATION (Please read carefully)

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 12 consecutive months. 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. Other persons not meeting the twelve-month legal residence requirements 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. 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 Bureau of Citizenship and Immigration Services. 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. Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes for 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 and is under age 24.
 (B) **INDEPENDENT:** A person who provides more than 50% of his/her own support and is 24 and older.

NON-FLORIDA RESIDENTS ONLY

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 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 _____ Date _____ State of residence prior to Florida _____ Date moved to Florida _____

CHECK ONE CATEGORY - FLORIDA RESIDENT FOR TUITION PURPOSES AFFIDAVIT
 (IF YOU DO NOT QUALIFY, SIMPLY SIGN THE NON-FLORIDA RESIDENT SECTION ABOVE)

- 1. I am an independent person and have maintained legal residence in Florida for at least 12 consecutive months.
- 2. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 consecutive 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 consecutive months. (Attach a notarized verification letter. Adult relative must also complete the residency information.)
- 4. A Florida public college/university declared me a resident for tuition purposes. Name of institution _____ (Attach verification from institution.)
- 5. I am married to a person who has maintained legal residence in Florida for at least 12 consecutive 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 consecutive months ago and am now re-establishing Florida legal residence. (Attach verification from institution.)
- 7. According to the United States Bureau of Citizenship and Immigration Services, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 consecutive months. (BCIS documentation required.)
- 8. 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 my 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 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 (S1009.871, F.S.). (Copy of card required.)
- 12. 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 a political subdivision for the purpose of job-related law enforcement or corrections training. (Letter of verification required.) (S1012.01, F.S.)
- 13. I am a full-time student participating in a linkage institute (S.288.8176, F.S.) (Letter of verification required.)

REQUIRED OF ALL FLORIDA RESIDENTS - ATTACH COPIES OF DOCUMENTATION INDICATED ABOVE - Additional documentation (e.g. copies of voter's registration, tax returns, deeds, etc.) may be required by HCC 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 a relationship. Otherwise, the student should complete this affidavit. **PLEASE PRINT:** (Two forms of ID are required)

1. Name of Student: _____ 2. Student SSN: _____
 The CLAIMANT is the person who is claiming Florida residency, (e.g., the student (if independent), 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 Address of Claimant: _____
 Street Address _____ City _____ State _____ Zip _____

6. Date Claimant Began Establishing Legal Florida Residence: _____ 7. Telephone Number of Claimant: () _____

8. Driver's License: STATE _____ NUMBER _____ ISSUE DATE _____ 9. Vehicle Registration: STATE _____ TAG NUMBER _____ ISSUE DATE _____

10. Claimant's Voter Registration STATE _____ NUMBER _____ COUNTY _____ ISSUE DATE _____

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 the classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties 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 _____ Date _____

CERTIFICATION

I agree to abide by all rules and regulations of Hillsborough Community College. I agree that if my credentials are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes without a refund of any fees paid.

I understand that I may be provisionally admitted until all of my transcripts and related academic records have been received.

I authorize HCC to obtain my Florida public school/college/university records and test scores through the use of electronic means, if my former school participates in the Florida Automated System for Transferring Educational Records (FASTER). I agree to the release of any transcripts and test scores to HCC, including any score reports that HCC may request from the College Board or ACT.

I DECLARE under penalty of perjury punishable by law under Section 775.08, Florida Statutes, that information contained in my application and the Certificate of Residency set forth above is true and accurate.

SIGNATURE OF APPLICANT _____ DATE _____

If you need assistance, see the person on duty in the advising/counseling office. NOTE: YEAR = last two digits of current year; **SU/09**
 TERM = FA = Fall, SP = Spring, S = Summer

SOCIAL SECURITY/STUDENT ID	NAME (LAST, FIRST, MI)		
TELEPHONE NUMBERS:	STREET ADDRESS, CITY, STATE, ZIP		IS THIS A CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME:			
WORK:	E-MAIL ADDRESS		
CELL:			
YEAR/TERM	PROGRAM CODE <small>(see reverse side for codes)</small>		

STEP 1: COURSE SELECTION

- A. LIST YOUR FIRST CHOICE COURSES. LIST AN ALTERNATE COURSE FOR EACH SELECTION SINCE SOME SECTIONS MAY BE CLOSED OR CANCELLED. CHECK THE AUDIT BOX ONLY IF YOU DO NOT WANT CREDIT FOR THE COURSE.
 B. WHEN COMPLETED, REGISTER BY TELEPHONE AT (813) 247-2944 OR ON THE WEB SITE: hcc.cc.fl.us OR TAKE THIS FORM TO THE REGISTRATION TERMINAL.

FIRST CHOICE COURSES					SECOND CHOICE COURSES				
SECTION NUMBER	COURSE PREFIX	COURSE NUMBER	SEM. CREDITS	AUDIT (NO GRADE)	SECTION NUMBER	COURSE PREFIX	COURSE NUMBER	SEM. CREDITS	AUDIT (NO GRADE)
1	SCY 0051 Section # 93245 July 13-18, 2009								
2	Monday thru Friday - 6:00pm - 10:00pm YPST 332								
3	Saturday July 18th 8:00am - 12:00pm								
4									
5					5				
6					6				
7					7				
8					8				
9					9				
TOTAL CREDITS					TOTAL CREDITS				
STUDENT'S SIGNATURE					STAFF SIGNATURE (IF APPLICABLE)				
DATE					DATE				

STEP 2: PAYMENT OF FEES

REGISTRATION IS **NOT** COMPLETE UNTIL THE FEES ARE PAID.

- A. STUDENTS PAYING BY CHECK, CASH, MONEY ORDER OR CREDIT CARD - PROCEED TO THE BURSAR/CASHIER. STUDENTS MAY PAY BY CREDIT CARD THROUGH THE TELEPHONE REGISTRATION SYSTEM.
 B. IF YOU EXPECT TO RECEIVE FINANCIAL AID, PLEASE CONTACT YOUR CAMPUS FINANCIAL AID OFFICE.
 C. STUDENTS WITH FLORIDA PRE-PAID OR PRIVATE SCHOLARSHIPS MUST GO TO THE BURSAR/CASHIER OFFICE.
 D. STUDENTS ELIGIBLE FOR A VETERAN'S DEFERMENT - GO TO THE ADMISSIONS, REGISTRATION AND RECORDS OFFICE, THEN PROCEED TO THE BURSAR/CASHIER.

IF YOUR RESIDENCY STATUS HAS CHANGED SINCE YOU LAST REGISTERED, SUBMIT A CERTIFICATE OF RESIDENCY AND NECESSARY DOCUMENTATION **BEFORE** PRESENTING THIS FORM FOR PROCESSING.

FOR OFFICE USE ONLY

	CLEARED/APPROVED BY	DATE		CLEARED/APPROVED BY	DATE
TOTAL HOURS			MISSING PREREQUISITE		
BURSAR HOLD	\$		MISSING COREQUISITE		
LIBRARY HOLD			LATE PROCESSING		
FT HOLD			OTHER		
CLOSED CLASS	COURSE PREFIX/NUMBER	SECTION NO.			