

HILLSBOROUGH

Community College

Application for Admission

\$20 Non-refundable Application Fee Required

A/R/R Operator	Entry Term
Date	
Student I D #	

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 33566-2799

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

PERSONAL INFORMATION

PSAV

Legal Name. Last _____ First _____ Middle _____

Previous Name(s) _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____ County _____

Student's Driver's License # _____ State _____

E-Mail Address _____

Residence (at time of application) _____ State _____

U.S. Citizen? Yes ___ No ___ If no, name of country _____ (see below*)

Home phone () _____ Business phone () _____ Ext. _____

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

Ethnicity/Race. (Required by the U.S. Office of Education, Title VI Civil Rights Act of 1964) One or more may be checked.

___ White ___ Black or African American ___ Asian ___ Native Hawaiian or other Pacific Islander ___ American Indian or Alaskan Native ___ Hispanic

Gender: Male ___ Female ___

Emergency Contact. Name _____ Phone (H) _____ (W) _____

ADMISSION STATUS

When do you plan to enroll? Year _____ Check one. ___ Fall (August) ___ Spring (January) ___ Summer I (May) ___ Summer II (June)

Indicate the objective you hope to achieve at HCC. (Use academic program codes in the instructions which are 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 Program VOC. BB
 Associate in Applied Science Degree Applied Technology Diploma

Mark the statement which most closely corresponds to your status.

First Time in College Transfer Student Teacher Recertification Tech Prep
 Former Student Returning Prior Degree Transient Student. Current Inst _____
 Co-enrolled H.S. Student Early Admission Student Dually enrolled H.S. Student
 Non-Degree Seeking Con Ap Program Senior Citizen

EDUCATIONAL BACKGROUND

HCC requires a standard high school diploma. Applicants who receive a Certificate of Completion or any other special high school diploma will be required to provide a state certified GED in English.

Secondary Education

I received / will receive my standard high school diploma from.
High School Name. _____ City _____ State (Foreign Country) _____ Month _____ Year _____
 I received a General Education Development (GED) from Military/State _____, (Date) _____ GED scores must be submitted
 I have not received a standard high school diploma, GED certificate, or equivalent.

Postsecondary Information

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

Name of Institution (print complete name) _____ City/State/Foreign Country _____ Dates of Attendance - From Mo/Yr to Mo/Yr _____ Hours/Degree Earned _____

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.

* Resident Alien Status

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

Country of Citizenship _____

Please attach copy of R/A card Card must be presented upon or prior to first registration

* Foreign / International Students Holding a Visa

Date of entry into U.S. _____ Visa Type _____ Date Issued _____ Expiration Date _____ Country of Citizenship _____

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 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 and Board of Regents. 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. 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
	(B) INDEPENDENT	A person who provides more than 50% of his/her own support

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.
- 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 consecutive months. **(INS 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 (S.240 551, F.S.). **(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 spouse or dependent child]. **(College transcript required.)**
- 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 a political subdivision for the purpose of job-related law enforcement or corrections training. **(Letter of verification required.)**
- 14. I am a full-time student participating in a linkage institute (S.240 137, 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.**

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

9. Vehicle Registration: _____ 10. Driver's License: _____
STATE _____ TAG NUMBER _____ ISSUE DATE _____ STATE _____ NUMBER _____ 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 837.06, Florida Statutes, that information contained in my application and the Certificate of Residency set forth above is true and accurate.

SIGNATURE OF APPLICANT

DATE