



APPLICATION FOR ADMISSION

Non-Degree / Special Students

Mail or return to: Office of Admissions • 4567 St. Johns Bluff Road, South • Jacksonville, Florida 32224-2659

This application is for non-degree seeking students only. The non-degree / special student classification status has been established at UNF to help serve the academic needs of the community. This enrollment procedure is open on a space available basis. No more than 12 hours credit earned in this status may be applied toward any future undergraduate or graduate degree and the credit must be approved by the appropriate department.

COMPLETE EACH ITEM. Incomplete forms will not be processed. Type or print in ink.

1. _____ / _____ / _____ U.S. Social Security Number Last Name _____ Jr., III, etc. First Name _____ Middle Name _____	2. For which term, in which year, do you now seek admission? <input type="checkbox"/> August, _____ <input type="checkbox"/> January, _____ <input type="checkbox"/> May, _____ <input type="checkbox"/> June, _____	3. Application Status: (Check box) <input type="checkbox"/> New Student <input type="checkbox"/> Current / former student 4. <input type="checkbox"/> Female <input type="checkbox"/> Male
		5. Date of Birth: _____ / _____ / _____ Month Day Year

6. If any of your transcripts, test scores, etc. might arrive under any name(s) other than those listed above, enter here: _____	7. Nation of Citizenship: _____	8. Are you a Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Race/Ethnicity (please check one)
 UNF is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily.
 This information will not be utilized in a discriminatory manner.

White (Not of Hispanic origin) Asian or Pacific Islander
 Black (Not of Hispanic origin) Hispanic
 American Indian or Native Alaskan

10. PRINT your permanent address. All university correspondence will be mailed to this address. Report any changes promptly.

Number and Street Address _____ Apt.# _____

City _____ County (or Province) _____ State/Nation _____

Zip Code _____ Area Code _____ Telephone Number _____ Daytime Telephone Number _____

11. Failure to answer this question will result in a delay in processing your application.
 If you answer yes to any of the following questions, give details on a separate sheet and attach to this application.

a. Are you currently or have you ever been found by any school authorities or by any court to have disrupted or interfered with the orderly conduct, processes, functions or programs of any educational institution?
 Yes No

b. Have you ever been charged with a violation of the law which resulted in, or, if still pending, could result in, probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? Yes No

12. In case of an emergency, indicate the person you request the university to contact.

Last Name _____ First Name _____ M. I. _____

Number and Street Address _____ Apt.# _____

City _____ County (or Province) _____ State/Nation _____

Zip Code _____ Area Code _____ Telephone Number _____ Relationship _____

13. IMPORTANT. List your activities (employment, military service, etc.) for the past **two** years. Please be specific.

Activity/Employment	City, State/Nation		From		To	
			Mo	Yr	Mo	Yr

14. COLLEGE/UNIVERSITY RECORD.
 You must list in **chronological order EVERY** college and university (including dual enrollment) you have attended or will attend prior to entering this university. (You must include schools even if you did not complete a term.) Include UNF if you attended previously. For multi-campus institutions, indicate the specific campus. **Failure to list all institutions could result in your application being denied.** Use a separate sheet if necessary.

School (Please do not abbreviate) _____ City, State/Nation _____

Enter dates of attendance (including present enrollment) and degrees earned or expected before attending this university. Include Associate Degrees, certificates or diplomas.	Enter transfer credits earned or expected from each institution attended.							
An official transcript from each post-secondary school you have attended must be provided to this university.								
Dates of Attendance				Degree and Date			Credit Hours	
From		To		Earned or expected			Earned or expected	
Mo	Yr	Mo	Yr	Type	Mo	Yr	Number	Unit (Sem/Qtr)

15. (Optional) If you wish to request special admission consideration based on a disability, it is the intent of the University to consider this information within the following guidelines: (1) documentation regarding the disability is to be provided on a voluntary basis. (2) all information will be kept confidential. (3) refusal to provide information will not subject the applicant to adverse treatment, and (4) information will only be used in connection with the university's voluntary efforts to overcome the effects of conditions that may have resulted in limited participation of persons with disabilities. If you wish to request special admission consideration based on a disability, check here .

IMPORTANT. You must read and sign the following section in order to complete your application to this university.
 I understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements. I further agree to release any transcripts and test scores to this institution, including any SAT, Achievement Tests, and ACT score reports that this institution may request from the College Board or ACT. 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 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 State Board of Education and the rules and regulations of the University. Should any of the information I have given change prior to my entry to the University, I will immediately notify the Office of Admissions.

Applicant's Original Signature (in ink) _____ Date _____

INFORMATION FOR RESIDENCY 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 as a bona fide domicile rather than for the purpose 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 State Board of Education. 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.

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 that 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 in order to be considered for Florida residency classification.

Signature in ink _____

Date _____

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes.

ATTACH COPIES (IF ANY) OF DOCUMENTATION REQUIRED

☛ A notarized copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence.

Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.

Independent: a person who provides more than 50% of his/her own support.

☛ A copy of marriage certificate is required in **all cases** of spouse claiming partner's residency.

Check box that applies:

- A. I am an **independent person** and have maintained legal residence in Florida for at least **12 months**.
- B. I am a **dependent person** and my parent or legal guardian 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 dependency.)
- C. 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 dependency.)
- D. 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 license and vehicle registration.)
- E. **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.
- F. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least twelve months. (**Required:** INS documentation and proof of residency status.)
- G. 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 a member's **spouse or dependent child**. (**Required:** Copy of military orders or DD2058 showing home of record.)
- H. 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. I am part of the **Latin American/Caribbean scholarship program**. (**Required:** Copy of scholarship papers.)
- J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program, S.240.551, F.S.** (**Required:** Copy of card.)
- K. 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. (**Required:** Copy of marriage certificate or proof of dependency.)
- L. I am a **Southern Regional Education Board's Academic Common Market graduate student**. (**Required:** Certification letter from State Coordinator.)
- M. 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.
- N. I am a **McKnight Fellowship** recipient. (**Required:** Verification from graduate studies.)

☛ 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: _____ 6. Claimant's telephone number: (____) _____

Street/PO Number _____ Apartment Number _____ City _____ State _____ Zip _____

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

8. Claimant's **voter registration:** State: _____ Number: _____ County: _____ Issue date: ____/____/____

9. Claimant's **driver 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 of 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 Rules 6C-6.001 and 6C-7.005, F.A.C.

Signature of person claiming Florida residency (as listed in item 3 above)

Date