

Florida Gulf Coast University

Undergraduate Admission Application

ADMISSION APPLICATION PROCEDURES (PLEASE READ IN FULL)

This is the form you will use to apply for admission to an undergraduate degree program. Please be sure to complete each item on the form. Florida Gulf Coast University encourages applications from qualified students regardless of color, race, religion, national origin, gender, disability, veteran status, or marital status. You are encouraged to submit your application on-line at <http://www.fgcu.edu>

1. Application for Admission

- ◆ Please attach your check or money order (U.S. funds - do not send cash), made payable to Florida Gulf Coast University for \$30. Your application cannot be processed if the application fee is omitted. This is a non-refundable fee.
- ◆ You will need to provide your U.S. Social Security Number if you have one (all U.S. citizens should have one). The State University System of Florida operated a system of records prior to January 1, 1975, pursuant to regulations of the Florida Board of Education that required the use of social security numbers. Therefore, each university may continue to require the disclosure of social security numbers by applicants and students under the Federal Privacy Act of 1974. This information was, and currently is, received from you for the purpose of identification and verification of student records, including registration, financial aid, and academic records, and of verification of identity in connection with the provision of university services.
- ◆ Be sure to read carefully and answer Questions 15 and 21 on page 3.
- ◆ You should mail your complete form and application fee to:
Florida Gulf Coast University, Undergraduate Admissions, 10501 FGCU Blvd. S., Fort Myers, FL 33965-6565

2. Official Transcripts

The following transcripts must be sent to Florida Gulf Coast University at the address given above. Please request that your current name and social security number be added to the transcript if necessary. All transcripts become the sole property of Florida Gulf Coast University.

- ◆ If you are a beginning freshman or a transfer applicant with less than 60 semester hours of transferable academic credit, ask your high school to send your official secondary school record.
- ◆ If you have attempted ANY college course work, either as a dual enrollment in high school or following high school, ask each school to send an official transcript of your academic record. Transcripts must be mailed directly from the institution or transmitted electronically to be considered official.
- ◆ Home schooled applicants should request a transcript from the school, agency or board with which you were registered. Home schooled applicants who followed a non-traditional curriculum should contact the Undergraduate Admissions Office for additional information.
- ◆ Students who completed high school by GED must provide an official copy of the test scores and a copy of the diploma.
- ◆ Transfer students who completed the Florida foreign language requirement in high school should submit an official high school transcript even if they have completed more than 60 hours of transferable college level work.

3. Admission Test Scores

Please plan ahead. The SAT and ACT tests are normally given at specific times and require advance registration. It is your responsibility to make the necessary arrangements to take the tests before the admissions application deadlines.

- ◆ Either ACT or SAT test scores are required if you are seeking admission as a freshman or as a transfer student with less than 60 semester hours of transferable academic credit. Have the official test score sent directly to the university by selecting Florida Gulf Coast University as a recipient at the time you register for the test. Alternatively, you may contact the testing agency at any time and ask them to send a score report from an earlier testing date.
- ◆ Transfer students seeking admission to a State Approved Teacher Education program should contact the FGCU College of Education to determine if there are further criteria or test scores required for admission to the program.
- ◆ Applicants whose native language is not English may be required to take the Test of English as a Foreign Language (TOEFL) and have those scores sent to the university by the Educational Testing Service.

4. Additional Information: Admissions Consideration Based on Disability

If you wish to request special admission consideration based on a disability, please follow these guidelines: 1) documentation regarding the disability will need to be provided on a voluntary basis; 2) all information will be kept confidential; 3) refusal to provide such information will not result in adverse treatment; and 4) information will only be used in connection with the university's voluntary effort to overcome the effects of conditions that may have resulted in limited participation of persons with disabilities. See Question 12.

Type or print in black ink. Include your full name on all attachments.

<p>1. _____/_____/_____ U.S. Social Security Number</p> <p>Last Name _____ Jr., III, etc.</p> <p>First Name _____</p> <p>Middle Name _____</p>	<p>2. For which year and term do you seek admission? Year 20 _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>3. This application is for enrollment as: <input type="checkbox"/> First-time-in-college freshman <input type="checkbox"/> Undergraduate transfer <input type="checkbox"/> Second bachelor's degree <input type="checkbox"/> Former degree-seeking student returning (no fee required) <input type="checkbox"/> Other: _____</p>
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<p>4. If your transcripts, test scores, etc. might arrive under any name(s) other than those listed above, enter here: _____</p>	<p>5. Nation of Citizenship: _____</p>
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<p>6. Date of birth: _____/_____/_____ Mo. Day Yr.</p> <p>8. <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>9. Race/National origin (check one): <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (non-Hispanic) (SUS institutions are recipients of federal dollars and are required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. It will not be utilized in a discriminatory manner.)</p>	<p>7. Print your permanent address. All correspondence will be mailed to this address.</p> <p>Street Address _____ Apt. No. _____</p> <p>City _____ County/Province _____ State/Nation _____</p> <p>Zip Code _____ (_____) Daytime Telephone Number _____ Home Telephone Number _____</p> <p>(_____) Fax Number _____ Email Address (if available) _____</p>
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<p>11. What is your planned major? _____ College / School within University _____</p> <p>12. If you wish to request special admission consideration based upon a disability, please check here. <input type="checkbox"/></p>	<p>10. In case of an emergency, indicate the person you request the university to contact:</p> <p>Last Name _____ First Name _____ M.I. _____</p> <p>Number and Street Address _____ Apt. No. _____</p> <p>City _____ State/Nation _____ Zip Code _____</p> <p>(_____) Daytime Telephone Number _____ (_____) Home Telephone Number _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____</p>
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<p>13. High School Graduation Date: _____/_____/_____ Month Year</p> <p>High School Code: _____ (Ask your counselor for the 6-digit CEEB Number.)</p> <p>(_____) High School Area Code and Telephone Number _____</p>	<p>High School Name (official transcript must be provided) _____</p> <p>City _____ State/Nation _____</p> <p>If High School was completed by GED, enter year _____ (Official copy of test scores and copy of diploma required.)</p>
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14. An official transcript from each postsecondary school, college, or university you have attended must be provided.

Please list in chronological order every postsecondary institution (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 this university if you attended previously. For multi-campus institutions, indicate the specific campus. **Failure to list all institutions could result in your application being denied or your admission being rescinded. Use a separate sheet, if necessary.**

School (do not abbreviate)	City, State, and/or Nation	Dates of Attendance				Degree/Date			Credit Hours	
		From		To		Earned / Expected			Earned / Expected	
		Mo.	Yr.	Mo.	Yr.	Type	Mo.	Yr.	Number	Sem./Qtr.

Type or print in black ink. Include your full name on all attachments.

Failure to answer these questions will delay processing of your application.

15. If your answer to any of the following is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings.

- a. Yes No Are you currently, or have you ever been, charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?
- b. Yes No 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)?

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to 15a or 15b, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission.

16. If you have taken or plan to take any of the tests below, enter the month and year. Official records of all test scores must be provided.

Test	1st Time		2nd Time		3rd Time		4th Time	
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.
ACT _____								
SAT _____								
TOEFL _____								
CLAST _____								

17. Have you completed the SUS foreign language admission requirement?

Yes No

If yes, where?

High School College

(If yes, please submit appropriate official transcripts.)

18. Present High School/College Enrollment

- a. If you are currently enrolled in a high school, college, or university, list all high school and college level courses which you are now taking or expect to complete before entering this university. Use a separate sheet, if necessary.
- b. If you are not currently enrolled and do not expect to complete any courses, check here.

Courses for Which You Are Now Enrolled

Name of Institution:	Title of Course	Course No.	Date Course Will End		Credit Hrs. (Sem./Qtr.)
			Mo.	Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Courses You Expect to Complete Before Entering

Name of Institution:	Title of Course	Course No.	Date Course Will End		Credit Hrs. (Sem./Qtr.)
			Mo.	Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

19. For Non-U.S. Citizens Only:

City and Country of Birth _____
 What VISA do you presently hold? F1 F2 J1 J2 None Other: _____ I-94 Expiration Date: ____/____/____
 What VISA are you applying for? F1 F2 J1 J2 None Other: _____ Mo. Yr.
 Which institution issued your last I-20? _____ Did you attend? Yes No
 If a permanent immigrant, enter the alien registration number shown on your I-551 form _____ and provide a photocopy of your Alien Registration card (front and back).

20. Provide a history of your activities since leaving high school. List chronologically how you have spent or plan to spend your time prior to entering this university (employment, military service, etc.). Use a separate sheet, if necessary.

Activity	City, State, and/or Nation	From		To	
		Mo.	Yr.	Mo.	Yr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. Important. You must read and sign the following section in order to complete your application to this university.

I understand that this application is for admission to Florida Gulf Coast University and is valid only for the term indicated in Item 2 on Page 2. I also understand and agree that I will be bound by the university's regulations concerning application deadline dates and admission requirements. I further agree to the release of any transcript, student record, and test scores to this institution (including any SAT-I, SAT-II, and ACT score reports that this institution may request from 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 or residency statement 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 Florida Board of Education and the rules and regulations of the university. Should any of the information I have given change prior to my enrollment at the university, I shall immediately notify the Office of Admissions.

I understand that the check or money order I submit with this application is a nonrefundable fee.

Applicant's Original Signature (in ink) _____

U.S. Social Security Number _____

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 bonafide 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 Bureau of Citizenship and Immigration Services. 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 Florida 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 (s.1009.21, F.S.).

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 to be considered for Florida resident 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 documents 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 provided more than 50% of his/her own support.
- ♦ A copy of marriage certificate is required in all cases of spouse claiming partner's residency.
 - 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.
 - 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 Bureau of Citizenship and Immigration Services, 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:** Immigration documentation and proof of Florida 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** as defined by s.1009.98, F.S. (**Required:** copy of recent statement).
 - 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 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.
 - M. I am a **Southern Regional Education Board's Academic Common Market** graduate student. (**Required:** Certification letter from State Coordinator.)
 - N. I am a **McKnight Fellowship** recipient. (**Required:** Verification from Graduate Studies.)
 - O. I am an **active member of the Florida National Guard** who qualifies under s. 250.10(7) and (8) for the tuition assistance program.
 - P. I am an **active duty member (or the spouse of dependent child of a member) of the Armed Forces** of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such a military establishment is within a county contiguous to Florida.
 - Q. I am an **active duty member (or the spouse or dependent child of a member) of the Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is stationed.

Person claiming residency must 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's 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: (_____) _____

- | | | |
|---|---|-------------------------------|
| 7. Date claimant began establishing legal 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 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 FBOE Rule 6C-7.005 F.A.C.

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

Date _____

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