



Senior Citizen Non-Degree Application

Term and year of registration: **Fall 20**____ **Spring 20**____ **Summer 20**____

This form is valid for term indicated. If submitted after current registration period has ended, applicant will be admitted for the next available term or part of term.

SSN Note: The State University 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.

Please also note that in accordance with Florida State Statute 119.071(5), FGCU collects and uses social security numbers (SSNs) only as necessary for the performance of the University's duties and responsibilities. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service. In addition, collection is required for business purposes in accordance with parameters outlined by the Department of Veteran Affairs and the Department of Education.

SSN: _____

UIN: 81 _____

(University Identification Number)

Birth Date: Month ____ Day ____ Year ____ **Phone:** (____) _____ **Email:** _____

Name: _____
Last First Middle Initial

Address: _____
Number & Street (Apt. No.) City State Zip County

Gender and ethnic background information are requested by federal regulation and will not influence your registration in any way.

Gender: Female / Male **Ethnic Origin:** ____ American Indian or Alaskan Native ____ Asian or Pacific Islander
____ Black (not Hispanic) ____ Hispanic ____ White (not Hispanic) ____ Other

Nation of Citizenship: _____ Non-U.S. only: Alien Resident Alien (A copy of your Resident Alien Card is required)

Visa Type: _____ **Expiration date:** _____

Has any court or school authority found you to have disrupted or interfered with the orderly conduct, processes, functions or programs of any education institution? Yes No

Are you currently charged or have you ever been convicted of a crime, which resulted in probation, community service, a jail sentence, revocation or suspension of your driver's license or in a fine of \$200.00 or more? Yes No

If your answer to either of the foregoing is yes, you must submit a full explanatory statement on a separate sheet attached to this form. The University will undertake to expeditiously review your request for enrollment; however your registration is prohibited until the review is complete. False or incomplete responses may result in disciplinary action, cancellation of admission and registration or invalidation of credits earned.

I understand that this application is for the term indicated only and does not imply acceptance for a future term. I certify that the information is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency affidavit may result in disciplinary action and invalidation of credits earned. If permitted to register, I hereby agree to the Board of Regents and the rules and regulations of Florida Gulf Coast University.

Student's signature

Date



Residency Classification Affidavit

A Florida “resident for tuition purposes” is a person who has **established and maintained legal residency 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 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 Board of Regents. 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.

Please also note that in accordance with Florida State Statute 119.071(5), FGCU collects and uses social security numbers (SSNs) only as necessary for the performance of the University’s duties and responsibilities. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service. In addition, collection is required for business purposes in accordance with parameters outlined by the Department of Veteran Affairs and the Department of Education.

ALL DOCUMENTATION IS SUBJECT TO VERIFICATION. The applicant should complete this statement.

PLEASE PRINT:

1. Name of applicant: _____ 2 Applicant’s SSN: _____

3. Permanent legal address of claimant: _____
Street Address (Apt. No) City State Zip

4. Phone number: (_____) _____ 5. Email: _____

6. Date applicant began establishing legal Florida residence and domicile (month/year): _____

7. Voter registration: State: _____ County: _____ Number: _____ Issue Date: _____

8. Driver license: State: _____ Number: _____ Issue Date: _____

9. Vehicle registration: State: _____ License Tag Number _____ Issue Date: _____

10. Non-U.S. Citizen ONLY Resident Alien Number: _____ Date Card Issued _____
(copy of both sides of card required)

ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION

I do hereby swear or affirm that the above information is correct and complete to meet all the requirements indicated for the Senior Citizen classification as a Florida resident age of 60 and over for tuition purposes. I understand that a false statement in this document will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to BOR Rule 6C-6.001(6), F.A.C.

Signature (in ink) of person listed as applicant

Date