



FLORIDA GATEWAY COLLEGE

149 SE COLLEGE PLACE LAKE CITY, FL 32025-2007

PHONE: (386) 754-4236 • FAX: (386) 754-4736

VISIT US ONLINE AT WWW.FGC.EDU

APPLICATION FOR ADMISSION

1	Did you previously attend Lake City Community College <u>or</u> Florida Gateway College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Social Security Number _____ - _____ - _____	3	Student I.D. # _____ <small>(for office use only)</small>
4	Full Legal Name (Do not use initials)		
	_____ (Last)	_____ (First)	_____ (Middle)
	Previous Name(s): _____ <small>(Last) (First) (Last) (First)</small>		
5	Permanent/Mailing Address		6
	Street Address or PO Box (Include apartment/lot #) _____ _____ City State Zip Code Country		Phone/E-mail
			Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____ E-mail Address _____
<small>Disclosure of information collected in items 7-10 is not mandatory, however it is requested to aid the State of Florida in its commitment to Equal Educational and Employment Opportunity and to meet federal reporting requirements. It is not used discriminatively for admission purposes. Refusal to answer the information requested in items 7-10 will not result in the adverse treatment of any applicant.</small>			
7	Gender:	11	Citizenship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien * Resident Alien Number _____ Country of Origin _____ <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Undocumented Immigrant
8	Date of Birth:		For Visa Holders: Date of entry to U.S. _____ Visa Type _____ Date Issued _____ Expiration Date _____ Country of Origin _____ <small>(Attach copies of VISA/Documentation)</small>
	____/____/____ Month / Day / Year		
9	Ethnicity: (Check One)	12	Emergency Contact Information
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Name _____ Last First Phone Relationship
10	Race: (Check one or more)	13	I Plan to Attend:
	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Fall (August-December) <input type="checkbox"/> Spring (January-May) <input type="checkbox"/> Summer _____ Year
			Please see the college's critical dates publication re: admission application deadline. Application and all required documents must be received by the published deadline.
14	Basis of Admission	15	What Kind of Student Am I?
	<input type="checkbox"/> High School Graduate (includes home school completion and/or award of a general equivalency diploma) <input type="checkbox"/> Former Dual Enrollment Student/High School Graduate <input type="checkbox"/> Transfer from other College/University/Vo-Tech, etc. <input type="checkbox"/> Transient Student <input type="checkbox"/> Did not graduate from high school		First Time in College _____ Someone who has never attended college. Returning Student _____ Someone who was previously enrolled at FGC as a dual enrollment student OR someone who has not attended FGC in the last year, but was previously enrolled. Transfer Student _____ Someone who is entering FGC and has previous college-level coursework taken at another institution. Transient Student _____ Someone who is enrolled at another college and is not seeking a degree at FGC. Non-Degree/Personal Enrichment _____ Someone who does not intend to complete a degree at FGC.
16	I am a:		
	<input type="checkbox"/> Florida Resident <input type="checkbox"/> Non-Florida Resident <input type="checkbox"/> Georgia resident and reside in the following Georgia county: <input type="checkbox"/> Echols <input type="checkbox"/> Clinch <input type="checkbox"/> Ware <input type="checkbox"/> Charlton		
	<small>(Student must complete statement of residency and provide required supporting documentation to qualify for tuition assessment as a FL resident/GA differential)</small>		

17 Education Plan
 Associate in Arts Associate in Science
 Applied Technology Diploma Certificate
 Educator Preparation Institute Non-Degree/Personal Enrichment

18 Program of Study (Program Name and Code)
_____ / _____ (Must declare an intent of study, even if non-degree/personal enrichment)
Program Name Program Code

19 Previous Education - High School Completion (if applicable for program selection)

_____ Name of High School (&/or source by which high school completion was obtained, i.e. home school, equivalency diploma)

_____ Address _____ Graduation Date

High school completion must have been obtained from a credible high school and/or via a credible high school equivalency examination (ex. GED®) and/or in accordance with a home education program as prescribed by the respective state statute in which home school completion was achieved (FGC Home Education Completion affidavit required)

20 Previous Education - College/University and/or Vo-Tech
(List the full names of all colleges, universities and/or vo-techs attended. Official transcripts from each institution attended must be received and evaluated by the Registrar's Office before before: a) registration can occur and/or b) financial aid can be awarded.)

Name of College/University	City and State	Date	Degrees Earned

Application Agreement (All applicants must sign)

I hereby submit this application for admission to Florida Gateway College certifying that the information provided is accurate and complete to the best of my knowledge. I understand that providing incomplete, false or fraudulent statements on this application and/or the residency affidavit may be cause for refusal of admission, or if admitted to the college, may result in expulsion without refund of tuition and/or fees. Additionally, I understand that a false statement may subject me to penalties for making a false or fraudulent statement pursuant to 837.06, Florida Statutes.

As a condition of my admission I agree to abide by all rules and regulations of the college and the laws of the State of Florida. I agree to the release of any transcripts or test scores to Florida Gateway College, including but not limited to any SAT, ACT, and/or Achievement Test score reports that Florida Gateway College may request from other institutions, the College Board or ACT. I further agree to the electronic transmission of my transcripts between institutions. I authorize Florida Gateway College to view any documentation electronically that pertains to my classification as a Florida Resident for Tuition Purposes.

I understand that the following documentation along with required supporting information must be provided to the FGC Office of Admissions in order to process my application for admission. Additionally, I understand that these documents must be received by the published admission application deadline (see FGC academic calendar on the college web-site) for the term in which I am applying.

- Copy of a government issued photo identification card of the student, i.e., driver's license, FL ID card, etc.
- Residency/Non-Residency Affidavit with supporting prescribed documentation
- Official transcript reflecting high school completion (if required for program selection)¹. Copies of transcripts and/or diplomas are not acceptable for admission. Official transcripts must be provided to the FGC Office of Admissions in a sealed, unopened envelope from the institution you attended.

¹ While your intended program of study may not require high school completion, graduation from a credible high school is required for the award and disbursement of financial aid.

_____ Student Signature _____ Date

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USE: In compliance with and pursuant to Florida Statute 119.071 (5), 1008.386, 1002.22(2), and SBE Rule 6A – 1.0955 (3) (e), Florida Gateway College (FGC) issues this notification regarding the purpose of the collection and use of your Social Security number. FGC collects your Social Security number for use in performance of the college's duties and responsibilities. In a seamless K-20 educational system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the transition from one educational level to the next. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security number of all post-secondary students to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for colleges to collect the Social Security number of every student. A student may refuse to disclose his/her Social Security number to the college, but refusing to comply with the federal requirement may result in fines established by the IRS. Providing your SSN on this form signifies that you consent to the use of your number in the manner described. To protect your identity, FGC will secure your Social Security number from unauthorized access. FGC will never release your Social Security number to unauthorized parties, and each student at FGC will be issued a unique student identification number. Your unique student identification number is used for all educational purposes at FGC including registration, access of your online record, etc. All Social Security numbers are protected by federal regulations and are never released to unauthorized parties. For additional detailed information on the college's collection and use of social security numbers, please visit the college's website at <https://www.fgc.edu/students/registrar/right-to-know.aspx>.

Florida Gateway College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the baccalaureate and associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call 404-679-4500 for questions about the accreditation of Florida Gateway College. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard. ♦ FGC will adhere to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. Students may obtain further assistance and information by calling Janice Irwin, coordinator of disability services, at (386) 754-4215. The Disability Services Office is located in Building 017, Room 021, 149 SE College Place, Lake City, Florida 32025. ♦ Florida Gateway College does not discriminate in education or employment related decisions on the basis of race, color, religion, national origin, gender, age, disability, marital status, genetic information, or any other legally protected status in accordance with the law. ♦ The Equity Officer is Sharon Best, director of human resources, 149 SE College Place, Lake City, FL 32025, and may be reached at (386) 754-4313.

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Lake City, Florida 32025
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DETERMINATION OF RESIDENT STATUS FOR TUITION PURPOSES

In accordance Florida Statute 1009.21 students shall be classified as residents or nonresidents for the purpose of assessing tuition in postsecondary educational programs offered by school districts, in Florida College system institutions, and in state universities.

INFORMATION REQUIRED FOR IN-STATE TUITION: (2 step process):

STEP 1: DETERMINATION OF DEPENDENT VS. INDEPENDENT STATUS OF STUDENT: The determination of dependent or independent status is important because it is the basis for whether the student has to submit his/her own documentation or residency (as an independent) or his/her parent's or guardian's documentation of residency (as a dependent).

DEFINITION OF INDEPENDENT STUDENT (per FL DOE Guidelines)

A student who meets any one of the following criteria shall be classified as an independent student for the determination of residency for tuition purposes:

1. The student is 24 years of age or older by the first day of classes of the term for which residency status is sought at a Florida institution;
2. The student is married;
3. The student has children who receive more than half of their support from the student;
4. The student has other dependents who live with and receive more than half of their support from the student;
5. The student is a veteran of the United States Armed Forces or is currently serving on active duty in the United States Armed Forces for purposes other than training;
6. Both of the student's parents are deceased, or the student is or was (until age 18) one of the following: (a) a ward/dependent of the court or (b) in foster care.
7. The student is determined an unaccompanied homeless by a school district homeless liaison, emergency shelter or transitional housing program.
8. The student is working on a master's or doctoral degree during the term for which residency status is sought at a Florida institution.
9. The student provides more than fifty (50) percent of his/her in support for the year (documentation/verification required)

EVIDENCE THAT THE STUDENT MEETS ONE OF THESE CRITERIA WILL BE REQUESTED BY THE COLLEGE

DEFINITION OF DEPENDENT STUDENT (per FL DOE Guidelines)

A student, whether or not living with his or her parent, who is eligible to be claimed by his or her parent under the federal income tax code shall be classified as a dependent student. In general, the IRS requires that a "qualifying child" or "dependent" meet six tests:

The child must be your son, daughter, or stepchild.

1. The child must be:
 - (a) Under age 19 at the end of the year and younger than you (or your spouse, if filing jointly),
 - (b) Under age 24 at the end of the year and a full-time student and younger than you (or your spouse, if filing jointly), or
 - (c) Any age if permanently and totally disabled.
2. The child must have lived with you for more than half of the year subject to IRS exceptions.
3. The child must not have provided more than half of his/her own support for the year.
4. The child is not filing a joint return for the year (unless that joint return is filed only as a claim for refund).
5. If the child meets the rules to be a qualifying child of more than one person, you must be the person entitled to claim the child as a qualifying child.

STEP 2: PROVISION OF DOCUMENTS SUPPORTING THE CLAIM OF FLORIDA RESIDENCY. Following determination of the student's status as it relates to independent or dependent, documentation supporting proof of residency for the requisite *12 consecutive* month qualifying period *prior* to the first day of classes of the term for which residency is sought *must be provided*. The student and/or parent/guardian (if dependent) must provide **at least two** of the following documents with dates that evidence the 12 month qualifying period. As some evidence is more persuasive than others, more than two may be requested. No single piece of documentation will be considered conclusive. **In summary the state of Florida issued documents must bear an issue date of at least 12 months prior to the first day of classes for the term in which the student wishes to enroll.**

FIRST TIER (at least one of the two documents submitted must be from this list)

- 1) A Florida voter's registration card.
- 2) A Florida driver's license.
- 3) A State of Florida identification card.
- 4) A Florida vehicle registration.
- 5) Proof of a permanent home in Florida which is occupied as a primary residence by the individual or by the individual's parent if the individual is a dependent child.
- 6) Proof of a homestead exemption in Florida.
- 7) Transcripts from a Florida high school for multiple years (2 or more years) if the Florida high school diploma or high school equivalency diploma was earned in the last 12 months.
- 8) Proof of permanent full-time employment in Florida for at least 30 hours per week for a consecutive 12-month period.

SECOND TIER (may be used in conjunction with one document from the First Tier)

- 1) A declaration of domicile in Florida.
- 2) A Florida professional or occupational license.
- 3) Florida incorporation.
- 4) A document evidencing family ties in Florida.
- 5) Proof of membership in a Florida-based charitable or professional organization.
- 6) Any other documentation that supports the student's request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

EXAMPLES OF DOCUMENTS THAT MAY NOT BE USED

Hunting/fishing licenses; library cards; shopping club/rental cards; birth certificate; passport

The information for Florida Residency Classification is provided in abbreviated format and is not reflective of the entire statute (F.S. 1009.21) which governs this requirement and the subsequent decisions rendered by state colleges and universities. Residency classification/qualification is governed by state law. For additional information regarding this requirement please refer to the statute, State Board Rule and Florida Department of Education Guidelines all of which can be accessed via www.fldoe.org.

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RESIDENCY AFFIDAVIT FOR TUITION PURPOSES

F.S. 1009.21 (2) Every applicant for admission to an institution of higher education shall be required to make a statement as to his or her length of residence in the state and, further, shall establish that his or her presence or, if the applicant is a dependent child, the presence of his or her parent or parents in the state currently is, and during the requisite 12-month qualifying period was, for the purpose of maintaining a bona fide domicile, rather than for the purpose of maintaining a temporary residence or abode incident to enrollment in an institution of higher education.

FLORIDA RESIDENTS: Check the box which applies to your status then complete the section that follows.

<input type="checkbox"/> I am an independent person at least 24 years of age and have maintained legal residence in Florida for at least the last 12 consecutive months.	<input type="checkbox"/> I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.988 F.S.). (Required: Copy of FL Prepaid recipient card).
<input type="checkbox"/> I am a dependent person under the age of 24 and my parent or legal guardian has maintained legal residence in Florida for at least the last 12 consecutive months.	<input type="checkbox"/> 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. ¹
<input type="checkbox"/> 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 the last 12 months. ¹	<input type="checkbox"/> I am an active member of the Florida National Guard who qualifies under s. 250.10(7) and (8) for the tuition assistance program. ¹
<input type="checkbox"/> A Florida public institution of higher education declared me a resident for tuition purposes within the last 12 months. ¹	<input type="checkbox"/> I am part of the Latin American/Caribbean Scholarship Program. (Required: Copy of scholarship papers).
<input type="checkbox"/> I was previously enrolled at a Florida state institution and classified as a resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence. ¹	<input type="checkbox"/> 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. ¹
<input type="checkbox"/> 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. (Required: Copy of military orders or DD2058 showing home of record).	<input type="checkbox"/> According to the United States Bureau of Citizenship and Immigrations Services, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least the last 12 consecutive months. (BCIS documentation required).
<input type="checkbox"/> I am a full-time instructional or administrative employee employed by a Florida public school, state college or institution of higher education, or I am the employee's spouse or dependent child. (Required: Copy of employment verification).	► Residency qualification options are provided in abbreviated format. Please reference www.fldoe.org for complete and additional information re: statutory qualifications/exceptions.

¹ Specific documentation required. Please contact Admissions Office staff for additional information/guidance.

Copies of proof of residency documentation must be provided, all of which is subject to verification by FGC staff. Additional documentation may be required in some cases. Someone other than the student should complete this affidavit if the student is a dependent or seeks to be classified as a resident by virtue of a relationship. Otherwise, the student should complete this affidavit. PLEASE PRINT

① Name of Student: _____ ② Student SSN/FGC ID Number: _____

The **CLAIMANT** is the person who is claiming Florida residency, e.g., the applicant/student (if independent), the parent, spouse or legal guardian. **All of the questions below pertain to the claimant.**

③ Name of Claimant: _____ ④ Relationship to Applicant: _____

⑤ Permanent Legal Address of Claimant: _____

⑥ Date Claimant Began Establishing Legal Florida Residence and Domicile: _____ ⑦ Telephone No. Of Claimant: _____

⑧ Claimant's Voter Registration: State: _____ County: _____ Number: _____ Original Issue Date: _____ Verified: _____

⑨ Claimant's Driver's License: State: _____ Number: _____ Original Issue Date: _____ Verified: _____

⑩ Claimant's Vehicle Registration: State: _____ License Tag Number: _____ Issue Date: _____ Verified: _____

⑪ Non-U.S. Citizen Only: Resident Alien Number: _____ Date Card Issued: _____ Verified: _____
(Copy of both sides of card required)

⑫ Other Documentation: _____ Verified: _____

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 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 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 _____

NON-FLORIDA RESIDENTS ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term in which this application is submitted. 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) of Non-Resident student _____ Date _____

Return completed affidavit & copies of required supporting documents to: FGC/Office of Admissions • 149 SE College Place • Lake City, Florida 32025 • FAX: 386-754-4736.