



**LIST ALL COLLEGES/UNIVERSITIES PREVIOUSLY ATTENDED. FAILURE TO LIST ALL COLLEGES AND TECHNICAL SCHOOLS PREVIOUSLY ATTENDED, THROUGH OMISSION OR MISREPRESENTATION, WILL DISQUALIFY APPLICANT. REQUEST ALL COLLEGES TO SEND OFFICIAL TRANSCRIPTS DIRECTLY TO THE ADMISSIONS OFFICE AT CHIPOLA VIA U.S. MAIL OR ELECTRONIC TRANSFER. UNOFFICIAL, UNSEALED, STUDENT COPIES, AND FAXED TRANSCRIPTS WILL NOT BE ACCEPTED. ATTACH AN ADDITIONAL SHEET IF NEEDED.**

Name of Institution	State	Dates Attended From To	Credit Hours Earned or Expected to Earn	Degree Type Earned or Expected to Receive	Degree Date Earned or Expected to Earn

<u>Enrollment Status</u> <input type="checkbox"/> First time in any college <input type="checkbox"/> Returning Student-Previously enrolled at Chipola; indicate last year of enrollment _____ <input type="checkbox"/> Transfer, <u>planning to graduate</u> from Chipola <input type="checkbox"/> Transient Student: <u>not graduating from Chipola</u> <input type="checkbox"/> High School Dual Enrollment/Early Admission	<u>What is your degree goal at Chipola?</u> <input type="checkbox"/> Bachelor in Science <input type="checkbox"/> Bachelor of Applied Science <input type="checkbox"/> Associate in Arts <input type="checkbox"/> Associate in Science <input type="checkbox"/> Associate in Applied Science <input type="checkbox"/> College Credit Certificate <input type="checkbox"/> Workforce Development Certificate	<u>Non-Degree and Special Students</u> <input type="checkbox"/> Non-degree Seeking-College Credit <input type="checkbox"/> Non-degree Seeking-Workforce Dev. <input type="checkbox"/> Non-degree-TCC Dental Hygiene Student <input type="checkbox"/> Educator Preparation Institute (EPI) <input type="checkbox"/> Upper Level Special-Sec Ed (Math) <input type="checkbox"/> Upper Level Special-Sec Ed (Science) <input type="checkbox"/> Upper Level Special-Teacher Certification
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**What is your planned major or program of study?**

In An Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ WorkPlace/Phone \_\_\_\_\_

Does either of your parents have a B.S. degree?    No    Yes, Who?   Dad / Mom / Both   (Circle one, if applicable)

Answer the next two questions, if your answer to any of the following is **yes**, you must **submit a full statement** of relevant facts on a sheet attached to this form. **Failure to answer the questions below will delay processing your application.** You may be required to furnish the college with copies of all official documentation explaining the final disposition of the proceedings. 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 a or b, 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.

- 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, the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)?

Chipola College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the Director of EA/EO at (850) 718-2209 or by mail at 3094 Indian Circle, Marianna, FL 32446-2053

I acknowledge by my signature I understand the College is collecting my social security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance, and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precautions to safeguard use of the number. I certify that the answers given herein are true and correct. I further understand that a false statement in this application or any admission document will subject me to penalties pursuant to 837.06, Florida Statutes; and is grounds for denial of admission or, upon further discovery, grounds for dismissal and invalidation of college credit or degree based on such credit. I agree to the release of all my transcripts and test scores to this institution. I hereby authorize Chipola College to transfer my student records electronically from any Florida school previously attended or to any institution of my choice. I agree that if any credentials are not complete within three weeks after registration, I may be suspended from classes without a refund of fees.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

The college will not discriminate on the basis of race, color, creed, national origin, age, sex, veteran's status, disability, or marital status in the admission and treatment of students.

**All applicants are required to submit an Affidavit of Residency.**

**CHIPOLA COLLEGE  
Residency Classification**

**FLORIDA RESIDENTS** - Complete this form if you qualify as a Florida resident.

**NON-FLORIDA RESIDENTS** - Sign the non-Florida resident section below.

**ALABAMA AND GEORGIA RESIDENTS** - Request and complete the Alabama/Georgia Differential Tuition Plan Statement.

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 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 a legal alien granted indefinite stay by the INS.

Other persons not meeting the 12-month legal residence requirement may be classified as Florida resident for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislative and Board of Education. All other persons are ineligible for classification as 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.)

Definitions - **Dependent:** A person for whom 50% or more of his/her support is provided by another as defined by the IRS. **Independent:** A person who provides more than 50% of his/her own support.

**Return with Application for Admission to:**

**Admissions and Records  
Chipola College  
3094 Indian Circle  
Marianna, Florida 32446-2053**

- 1. I am an **independent person** and have maintained legal residence in Florida for at least twelve months. *NOTE: Independent persons under the age of 24 years must prove independent status with last two years of IRS Tax Forms (1040).*
- 2. I am a **dependent person**, and my parent or legal guardian has maintained legal residence in Florida for at least twelve months. *NOTE: Students less than 24 years of age and unmarried will be classified as dependent unless documentation verifies otherwise. The parent or legal guardian must complete the Residency Affidavit below.*
- 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 twelve months. (Required: Copy of tax returns or other proof of dependency.)
- 4. I am **married to a person** who has maintained legal residence in Florida for at least twelve months. I have now established legal residence and intend to make Florida my permanent home. (Copy of marriage certificate and spouse completes the Residency)
- 5. 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 twelve months ago and am now reestablishing Florida legal residence. (Documentation Required)
- 6. 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 domiciles in Florida for at least twelve months. (Required: INS documentation.)
- 7. 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 whose home of record is Florida or I am the member's spouse or dependent child. (Required: Copy of military orders.)
- 8. I am an active duty member (or the spouse/dependent child of the member) of the Armed Services of the U.S. attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)
- 9. I am an active duty member (or spouse/dependent child of the member) of a foreign nation's military who is serving as liaison officer and am residing or stationed in this state, attending a community college or state university within 50 miles of the military establishment where I am stationed. (Required: Copy of military orders.)
- 10. I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution for higher education or I am the employee's spouse or dependent child. (Required: Copy of employment verification.)
- 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program. S.240.551, F.S. (Required: Copy of card.)
- 12. 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. (Copy of state agency verification)

**AFFIDAVIT OF FLORIDA RESIDENCY**

**Information listed below is required to prove Florida residency. Two (2) 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 Florida classification is being sought. Documentation is subject to verification.**

**Failure to establish legal residence with at least two (2) documents will result in the student being automatically classified as out-of-state for tuition purposes.**

Student's Name \_\_\_\_\_ Student's SSN \_\_\_\_\_

Name of Claimant: \_\_\_\_\_ (The claimant is the person claiming Florida Residency. All information below pertains to the claimant.)

Claimant's permanent legal address: \_\_\_\_\_

Claimant's Status:  Student  Parent  Legal Guardian (Copy of documentation of court-appointed guardianship required.)  Other \_\_\_\_\_

**Date Claimant Began Establishing Legal Florida Residence and Domicile:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Claimant's FL Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Current Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Claimant's Voter Registration: State \_\_\_\_\_ County \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Claimant's Vehicle Registration:\* State \_\_\_\_\_ Lic. Tag Number \_\_\_\_\_ \*Current Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*(List **last two consecutive years** of registration dates, if using vehicle registration as proof.) \*Previous Issue Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Additional documents that may be used are the last two years of IRS 1040 Tax Forms, Homestead Exemption, Professional/Occupational License in Florida. Documents not accepted:** birth certificate, passport, library card, insurance card, social security card, etc.

I do hereby swear to 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 Student and of Person Claiming Florida Residency if other than Student Date

**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 residency classification. 07/09

\_\_\_\_\_  
State of Residence Signature of Non-Florida Student Date

**ALABAMA AND GEORGIA RESIDENTS** - Request and complete the Alabama/Georgia Differential Tuition Plan Statement.