



# DAYTONA STATE COLLEGE

# Application for Admission

Applications can be submitted at any campus or mailed or faxed to the Daytona Beach Campus. Reasonable accommodations are available to applicants with disabilities. To request accommodations, contact (386) 506-3530.

[www.DaytonaState.edu](http://www.DaytonaState.edu)

<b>Advanced Technology College</b> 1770 Technology Boulevard Daytona Beach, Florida 32117 (386) 506-4100	<b>Daytona Beach Campus</b> 1200 W. Int'l Speedway Blvd. Daytona Beach, FL 32114 (386) 506-3000 FAX: (386) 506-3940	<b>DeLand Campus</b> 1155 County Road 4139 DeLand, FL 32724 (386 ) 785-2000	<b>Deltona Campus</b> 2351 Providence Boulevard Deltona, FL 32725 (386) 789-7300	<b>Flagler/Palm Coast Campus</b> 3000 Palm Coast Parkway S.E. Palm Coast, FL 32137 (386) 246-4800	<b>New Smyrna Beach-Edgewater Campus</b> 940 10th Street New Smyrna Beach, FL 32137 (386) 423-6300
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Daytona State College assures equal opportunity in employment and education services to all individuals without regard to race, sex, color, age, religion, disability, national origin, political affiliation or belief, or marital status. Inquiries may be directed to the Chair of the Equity Committee at (386) 506-3000.

<b>Social Security Number or College ID (your six digit ID number):</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Please select one:</b> <input type="checkbox"/> New Daytona State Student <input type="checkbox"/> Returning Daytona State Student	<b>Date of Birth:</b>  / / (mm/dd/yyyy)
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<b>Full Name:</b>		
(Last)	(First)	(MI)

<b>Mailing Address:</b>				
(Street)	(Apt. #)	(City)	(State)	(Zip)

<b>Preferred Telephone Number:</b> ( )	<b>Alternate Telephone Number:</b> ( )
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<b>E-mail Address:</b>
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<b>Session and Year You Plan to Begin Classes:</b>			
YEAR: _____	<input type="checkbox"/> Fall (Aug-Dec)	<input type="checkbox"/> Spring (Jan-Apr)	<input type="checkbox"/> Summer (May-Aug)
	<input type="checkbox"/> Fall B - late start	<input type="checkbox"/> Spring B - late start	<input type="checkbox"/> Summer B - late start

<b>Intended Program of Study:</b> ( Select major field and corresponding code number from the Academic Program Code Sheet.)
• Please note that in most cases students who have earned an Associate of arts (AA) or higher degree are NOT eligible to complete another AA.
Please check appropriate box: <input type="checkbox"/> Non-degree <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree
Please also provide the Program Code associated with your course of study: _____
Are you interested in pursuing a bachelor's degree with Daytona State upon completion of your associate degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Code: _____

**If you are readmitting to Daytona State, you may skip the rest of this page and continue to page 2.**

<b>Ethnicity/Race (Optional):</b>
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Select one or more):
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> White <input type="checkbox"/> or Other Pacific Islander

<b>Gender (Optional):</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Place of Birth:</b>
(City)
(State) (Country)

<b>Citizenship:</b>
<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Permanent Resident Alien/Refugee (Alien Reg.# _____ )
<input type="checkbox"/> Student Visa
<input type="checkbox"/> Other Visa Type (Specify) _____

<b>Language:</b>
Is English Your Native Language: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is English the primary language spoken in your home: <input type="checkbox"/> Yes <input type="checkbox"/> No

# Transcript Requirements - Please read carefully.

All degree and certificate-seeking students are required to provide final, official high school or GED transcripts and final, official transcripts from **all** U.S. regionally accredited colleges and universities previously attended prior to registration in their first term. An official transcript is one that is sent directly to Daytona State College from the issuing institution or hand-carried **in a sealed envelope** from that institution. Opened transcripts, copies, or faxes will not be accepted.

Students who earned a Special diploma or Certificate of Completion will be required to earn a standard high school diploma or GED before pursuing a degree program or any certificate program that requires a high school diploma or a GED. Students who have earned a Certificate of Completion-CPT are eligible to pursue any available degree or certificate with the exception of limited access programs. If you wish to apply for financial aid, you will be required to take the Ability to Benefit test and meet minimum score requirements for aid consideration.

FINANCIAL AID will not be awarded until the admissions Office receives a final, official high school or GED transcript.

Transcripts from institutions outside the U.S. must be evaluated by a NACES member company. Member companies are listed at [www.naces.org](http://www.naces.org). Please contact an Admission Advisor for more information.

Failure to submit all required transcripts will prevent registration for future semesters.

Please provide names by which you have been known or under which you enrolled at previous educational institutions:

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*Former Name(s)*

**College and University Information:**  
 List all colleges and universities previously attended. **Do not abbreviate.** If you are a Readmitting to Daytona State, please list only those institutions you have attended since you last enrolled at Daytona State College.

Name of College(s) or University(ies)	City	State/ Country	Attended from (mm/dd/yyyy)	Attended to (mm/dd/yyyy)	Degree Earned	Date Earned (mm/dd/yyyy)

**If you are readmitting to Daytona State, you may skip the rest of this page and continue to page 3.**

High School Information: (do not complete if you were awarded a GED)

High school presently attending or last attended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Graduation Date (mm/dd/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City County State Country

Type of Diploma:  Standard High School Diploma  Special Diploma  Certificate of Completion  College Ready Diploma

General Education Diploma (GED):

State/Agency Issuing GED: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

Test Scores

Have you taken the SAT, ACT, or CPT test in the past two years?  Yes  No

If yes, please have official scores sent to the Assessment Center, Daytona State College, 1200 W. International Speedway Blvd., Daytona Beach, Florida, 32114.

# Florida Residency Affidavit

This affidavit and all supporting documents must be returned to the Admissions office prior to the first day of classes in the semester for which Florida residency is sought or residency cannot be granted for that semester.

Tuition for students who qualify as "Florida Residents" is less than tuition for non-Florida residents in many cases. The laws of Florida define residency status.

## Do You Qualify for Residency?

A Florida resident for tuition purposes is a person (or if under age 24, the parent or legal guardian) who has established and maintained legal residence in Florida for at least twelve (12) months immediately preceding the first day of classes of the academic term for which the student enrolls. Residence during the 12-month qualifying period must be for the purpose of maintaining a bona fide domicile rather than maintaining a temporary residence incident to enrollment in an institution of higher education.

If any of the following statements are true, check that box and then fill out the "Florida Residency Claimant Information" below. If you do not meet any of these criteria, you are a non-Florida resident for tuition purposes and you should sign in the non-Florida resident section at the bottom of this form.

- I am an independent person and have maintained legal residence in Florida for at least 12 months. (If under age 24, you must provide one of the following: (1) copy of marriage certificate, (2) copy of birth certificate for student's legal dependent(s), or (3) proof of self supporting income along with copy of parents' most recent tax return.)
- I am a dependent person under age 24 and my parent or legal guardian has maintained legal residence in the state of Florida for at least 12 months. The Parent or Legal Guardian must complete the claimant information below.
- I am a dependent person under age 24 who has resided for five years with an adult relative other than my parent or legal guardian, and my relative and I can demonstrate legal residence in Florida for at least 12 months (Required: copy of tax returns on which you were claimed as a dependent or other proof of dependency.)
- 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.
- 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 domicile in Florida for at least 12 months. (Required: INS documentation and proof of residency status.)
- I am a member of the armed forces of the United States and I am stationed in the state of 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, DD214 or DD2058 showing home of record.)
- 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 am a qualified beneficiary under the Florida Pre-Paid Post-secondary Expense Program, S.1009.988 (2),F.S. (Required: copy of card.)
- 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 job-related law enforcement or corrections training.

This is a brief summary of the complex State residency requirements. Please visit an Admissions office for a detailed review.

Florida Residency Claimant Information	
<p>If you checked any of the boxes above, this section must be completed. If you are claiming to be independent, please fill this out for yourself. If you are claiming to be dependent, the person who is claiming residency should fill out this section.</p> <p>Please print:</p> <p>1. Name of Student: _____</p> <p>2. Student's Social Security Number or College ID #: _____</p> <p>3. Name of Person Claiming Florida Residency: _____</p> <p>4. Claimant's Relationship to Student: _____</p> <p>5. Claimant's Permanent Florida Residence: _____</p> <p>6. Claimant's Telephone Number: Home: _____ Work: _____</p> <p>7. Date Claimant began Establishing Legal Florida Residence and Domicile: _____</p> <p>Please provide <b>complete</b> information regarding <b>two of the three</b> documents indicated in questions 8-10. This information is needed to determine proof of residency. Documents must be current (not expired) and the dates must evidence at least the <b>12 months immediately preceding</b> the first day of classes for which the student seeks to be classified as a Florida resident for tuition purposes. Dates must include the month, day, and year. Originals or legible copies of these documents must be presented to the Admissions office along with this affidavit.</p> <p>8. Claimant's Voter Registration: State _____ Number _____ Issue Date _____</p> <p>9. Claimant's Driver's License: State _____ Number _____ Issue Date _____</p> <p>10. Claimant's Vehicle Registration: State _____ Tag: _____ Plate Issue Date: _____</p> <p>(tag and decal number / dates) Decal Number: _____ Registration Issue Date: _____</p> <p>I do hereby swear or affirm that the above named student meets all the requirements indicated in the checked category above for classification as a Florida resident for tuition purposes.</p> <p>I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06,F.S., and to BOR rule 6C-6.001(6),F.A.C.</p> <p>Claimant's Signature _____ Date _____</p> <p>Student's Signature _____ Date _____</p>	
<p><b>STAFF ONLY</b> Documents verified by _____ Date _____</p>	
Non-Florida Resident	
<p>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. I understand that continuous full-time enrollment at Daytona State College may make me ineligible for reclassification for in-state tuition. Please refer to an Admissions Advisor for possible exceptions.</p> <p>Signature _____ Date _____</p>	

**Employment Information (BAS applicants only)**

Are you currently employed?  Yes  No

If yes, position held: \_\_\_\_\_

Please provide a statement as to how this degree will enhance your career: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental Educational Information:**

What is the highest level of college education completed by your parent(s)?

\_\_\_\_ Did not attend \_\_\_\_ Some College \_\_\_\_ Associate Degree \_\_\_\_ Bachelor Degree \_\_\_\_ Master Degree \_\_\_\_ Doctorate

**Name of person to contact in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Verification Statement

Attendance at Daytona State College is a privilege, and in order to maintain the College ideals of scholarship, character and personality, the right is reserved to require the withdrawal of any student at any time for violation(s) of College policy, procedures, State Board Rule(s) and State of Florida law. Each student, by registering, assumes the responsibility to become familiar with and to abide by the general regulations and rules of conduct. Rules of conduct are outlined in the student handbook. Handbooks are available at various locations throughout the College.

Daytona State College is an equal access, equal opportunity, open admission institution. Admission to the College is made without regard to age, gender, race, color, religion, national origin, handicap, academic or economic status.

Daytona State College collects data on ethnicity, race, and gender for statistical reporting purposes to ensure equal opportunity.

I certify that all of the information given on this application is complete and accurate. I understand that any misrepresentation of facts may result in the immediate cancellation of my registration and my credits earned.

I understand and agree that I will be bound by the College's regulations as published in the College catalog and the student handbook.

I understand that Daytona State College collects Social Security Numbers as authorized by Florida Statutes (1008.386) as a means of student identification to avoid duplication, and other uses such as the Hope Tax Credit (USC Title 26) and Financial Aid processing (34 CFR, Sect. 668.36).

I understand that Daytona State College's Drug Free Policy requires that the applicant pledge not to possess, sell, purchase, deliver, use, manufacture or distribute illegal drugs or controlled substances while present on Daytona State College's campuses or in attendance at any College-sponsored event.

I agree to the release of any transcripts and test scores to this institution, including any score report that this institution may request from the College Board or ACT.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**DAYTONA  
STATE COLLEGE**

**Office use only**

Student I.D. : \_\_\_\_\_

Staff Name: \_\_\_\_\_