



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

Advanced Technology College
1770 Technology Boulevard
Daytona Beach, Florida 32117
(386) 506-4100

Daytona Beach Campus
1200 W. Intl Speedway Blvd.
Daytona Beach, FL 32114
(386) 506-3000
FAX: (386) 506-3940

DeLand Campus
1155 County Road 4139
DeLand, FL 32724
(386) 785-2000

Deltona Campus
2351 Providence Boulevard
Deltona, FL 32725
(386) 789-7300

Flagler/Palm Coast Campus
3000 Palm Coast Parkway S.E.
Palm Coast, FL 32137
(386) 246-4800

New Smyrna Beach-Edgewater Campus
940 10th Street
New Smyrna Beach, FL 32137
(386) 423-6300

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.

Social Security Number or College ID (your six digit ID number):

Please select one:

- New Daytona State Student
 Returning Daytona State Student

Date of Birth:

/ /
(mm/dd/yyyy)

Full Name:

(Last) (First) (MI)

Mailing Address:

(Street) (Apt. #) (City) (State) (Zip)

Preferred Telephone Number:

Alternate Telephone Number:

() ()

E-mail Address:

Session and Year You Plan to Begin Classes:

- YEAR: _____
 Fall (Aug-Dec) Spring (Jan-Apr) Summer (May-Aug)
 Fall B - late start Spring B - late start Summer B - late start

Intended Program of Study: (Select major field and corresponding code number from the Academic Program Code Sheet.)

• Please note that all non-degree (special credit) applications and certain certificate programs are NOT considered eligible to receive Financial Aid.

Please check appropriate box: Non-degree Certificate Associate Degree 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? Yes No Code: _____

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

Race/Ethnic Background (Optional):

- African American / Black
 American Indian / Alaskan Native
 Asian / Pacific Islander
 Caucasian / White
 Hispanic
 Other

Gender (Optional):

- Male
 Female

Place of Birth:

(City) (State) (Country)

Citizenship:

- U.S. Citizen
 Permanent Resident Alien/Refugee (Alien Reg.# _____)
 Student Visa
 Other Visa Type (Specify) _____

Language:

- Is English Your Native Language:
 Yes No
Is English the primary language spoken
in your home: Yes No

Florida Residency Affidavit

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: copy of marriage certificate or copy of birth certificate for student's legal dependent(s) or proof of self supporting income.)
- 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 has maintained 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 am married to a person who has maintained legal residence in Florida for at least 12 months. I have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate, spouse's residency documentation.)
- 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.

Florida Residency Claimant Information

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.

Please print:

1. Name of Student: _____
2. Student's Social Security Number or College ID #: _____
3. Name of Person Claiming Florida Residency: _____
4. Claimant's Relationship to Student: _____
5. Claimant's Permanent Florida Residence: _____
6. Claimant's Telephone Number: Home: _____ Work: _____
7. Date Claimant began Establishing Legal Florida Residence and Domicile: _____

Please provide **complete** information regarding **two of the three** documents indicated in questions 8-10. This information is needed to determine proof of residency. Document dates must evidence at least the **12 months immediately preceding** 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. You do not have to provide the actual documents unless requested.

8. Claimant's Voter Registration: State _____ Number _____ Issue Date _____
9. Claimant's Driver's License: State _____ Number _____ Issue Date _____
10. Claimant's Vehicle Registration: State _____ Tag: _____ Plate Issue Date: _____
(tag and decal number / dates) Decal Number: _____ Registration Issue Date: _____

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.

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.

Claimant's Signature _____ Date _____

Student's Signature _____ Date _____

Non-Florida Resident

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 will make me ineligible for reclassification for in-state tuition. Please refer to an Admissions Advisor for possible exceptions.

Signature _____ Date _____

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.

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'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

Office use only

College I.D. : _____

Staff: _____



**DAYTONA
STATE COLLEGE**