**Social Security Number:** ..................................................  
**Date of Birth:** ........................................................................

**Name:**  
- **Last Name**  
- **First Name**  
- **MI**  
- **Previous Name**

**Student Address:**  
- **Street Address/Box#**  
- **City**  
- **County**  
- **State**  
- **Zip Code**  
- **Apt. #**

**Permanent Address:**  
- **Street Address/Box#**  
- **City**  
- **State**  
- **Zip Code**  
- **Apt. #**

**E-mail:** ........................................................................  
**Work Telephone:** .........................................................  
**Student Telephone:** ......................................................  
**Cell Phone:** .................................................................

**Emergency Contact:**  
- **First Name**  
- **Last Name**  
- **City**  
- **State**  
- **Zip Code**

**Home Telephone:** .........................................................  
**Work Telephone:** .........................................................

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**The following collection of personal information is for state and federal reporting purposes only and will not be used in a discriminatory manner.**

**Gender:**  
- **Female**  
- **Male**

**Ethnicity:**  
- **Are you Hispanic/Latino?**  
- **Yes**  
- **No**

**Select one or more races:**  
- **American Indian/Alaska Native**  
- **Asian**  
- **Black or African American**  
- **Native Hawaiian or Other Pacific Islander**  
- **White**  
- **U.S. Citizen**  
- **Permanent resident alien (must submit copy of card)**

**Select one or more Citizenship:**  
- **Student**  
- **Graduate**  
- **Parent/Student**

**Place of Birth:**  
- **City**  
- **State**

**If you and your family do not speak English at home, what language is spoken?** .................................................................

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**I am applying for:**  
- **Fall (August) (Yr.)**  
- **Spring (January) (Yr.)**  
- **Summer (May or June) (Yr.)**

**I am enrolling as:**  
- **First Time College Student**  
- **Transfer Student (In-State)**  
- **Transfer Student (Out-of-State)**

**Intended Program of Study (see program code options on page 2):**
- **Bachelor of Science Program Code Number**
- **Certificate Code Number**
- **Associate in Arts Program Code Number**
- **Career and Technical Program Code Number**
- **Associate in Science Program Code Number**
- **Non-Degree Code Number**
- **GED Preparation Program Student**
- **ABE Program Student**
- **Workplace Literacy Program Student**
- **Other**

**High School or GED Diploma Earned/Anticipated:**
- **Complete Name of School**  
- **City**  
- **State**

**Prior College Attendance (If none, check here). Include all colleges, and have a transcript sent to TCC from each one.**
- **Name of College/University**  
- **Location**  
- **Attendance:**  
- **Date:**

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**DISCIPLINARY HISTORY**

If you answer YES to any of the following questions, you must submit a full disclosure statement of relevant facts on a separate sheet. You may be required to provide the college with copies of all official documentation explaining the final disposition of 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, TCC strongly suggests you answer YES and fully disclose all incidents. By doing so, you can avoid the risk of disciplinary action or revocation of admission.

- a. **Yes**  
  - **No**  
  - **Have you ever been suspended, dismissed, or expelled from any college or university for conduct or disciplinary reasons?**

- b. **Yes**  
  - **No**  
  - **Have you ever been convicted in any state of a crime that would constitute a violent felony, misdemeanor domestic violence, or misdemeanor battery as defined in Florida Statutes?**

- c. **Yes**  
  - **No**  
  - **Have you ever been required by any criminal court to register with the sex offender registry maintained by any state?**

**Signature:** I certify the information given in this application is complete and accurate. I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. I agree to have all transcripts and test scores released to TCC. I agree to abide by all rules and regulations of TCC. I will also allow use of electronic signature.

**Signature:** ........................................................................  
**Date:** ........................................................................

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**Complete and return application to:**  
**Tallahassee Community College | 444 Appleyard Drive | Tallahassee, FL 32304**
ASSOCIATE IN ARTS (A.A.) DEGREE
The AA program is designed for students who plan to transfer to a Florida public university as a junior to complete a bachelor’s degree. While at TCC, students should take the same courses that they would take as a freshman and sophomore at a university. For the transition to the university to occur smoothly, a TCC student must develop an academic plan that includes the chosen major or career and university prerequisites.

College/University Transfer ........................................ 1001

ASSOCIATE IN SCIENCE (A.S.) DEGREES
The AS programs are designed for students with career goals that lead to employment in specific fields after graduation. These programs do not include the full general education sequence necessary for transfer to a four-year college or university after graduation.

Building Construction Mgmt .................................. 2160
Business Management ........................................... 2109
Computer Programming & Web Development ....... 2158
Criminal Justice Tech (AS/BS) ............................... 2138
Cyber Security ..................................................... 2168
Dental Hygiene ..................................................... 2101
Digital Media ....................................................... 2167

Drafting & Design Technology ............................. 2135
Early Childhood Dev, Education & Mgmt ........ 2123
Emergency Medical Services (EMS) ............... 2104
Engineering Technology ..................................... 2163
Graphic & Web Design Technology ................. 2125
Network Systems Technology .......................... 2165
Nursing .............................................................. 2103

Office Administration ........................................... 2107
Paralegal and Legal Studies .............................. 2112
Radiologic Technology ....................................... 2149
Respiratory Care .................................................. 2106
Sports, Fitness & Rec. Management ................ 2124
Surgical Services .................................................. 2161

BACHELOR OF SCIENCE DEGREE
The B.S.N. program is designed for students who hold a valid RN license and intend to complete this 4-year degree at TCC.
Bachelor of Science in Nursing ............................... C100

CERTIFICATE PROGRAMS
The certificate programs are designed for students with career goals that require specific job entry skills in one of the areas listed below.

Accounting Technology Management ................. 6329
Accounting Technology Operations ................. 6330
Accounting Technology Specialist ................... 6331
Building Construction Specialist ..................... 6353
Business Entrepreneurship ................................. 6362
CAD Foundations ............................................... 6354
Central Sterile Processing Technologist .......... 6360
Child Development Early Intervention .......... 6367
Computer Programming & Analysis .................. 6302

Computer Programming Specialist .................... 6338
Dental Assisting Technology and Management ... B317
Emergency Medical Technician (EMT) ............. B312
Endoscopy Technician ........................................ 6361
Engineering Tech Support Specialist ............... 6350
Graphic Design Support .................................... 640
Infant and Toddler .............................................. 6366
Network Infrastructure ....................................... 6359

Network Security: Cyber Forensics .................... 6368
Network Support Technician ............................... 6358
Office Management ........................................... 6334
Office Specialist .................................................. 6335
Office Support ..................................................... 6336
Paramedic .......................................................... 6309
Pneumatics/Hydraulics/Motors ......................... 6349
Preschool Specialization ................................. 6365
Small Business Management ............................. 6319

CAREER AND TECHNICAL PROGRAMS
The Career and Technical programs are designed for students with career goals that require vocational training.

AC, Refrigeration & Heating Technology ........... 5025
Applied Cybersecurity ........................................ 5028
CNC Production Specialist ................................. 5031
Commercial Vehicle Driving ............................. 5029
Corrections Basic Recruit ................................. 5005
Correctional Probation Ofc (CPO) Basic Recruit ... 5012
Crosswors Corrections to Law Enforcement .... 5006

Crossover Corrections to CPO ............................. 5014
Crossover CPO to Corrections ............................ 5016
Crossover CPO to Law Enforcement ................. 5015
Crossover Law Enforcement to Corrections ...... 5008
Electrical Apprenticeship ................................. 5032
Firefighter ......................................................... 5020
Heating, Ventilation, Air Conditioning ............. 5033

Industrial Machinery Maintenance .................... 5027
Law Enforcement Basic Recruit ......................... 5007
Machining .......................................................... 5026
Nursing Assistant (Long Term Care) ................. 5024
Pipefitter Apprenticeship ................................. 5034
Plumbing Apprenticeship ................................. 5035
Welding Technology ........................................... 5023

NON-CREDIT, NON-DEGREE, TRANSIENT & DUAL ENROLLMENT PROGRAM CODE OPTIONS
FP’SI Continuing Education ................................. 8014
Healthcare Continuing Education ...................... 8012
WEI (Wakulla) Non-Credit ................................. 8016

Workforce Continuing Education ...................... 8015
Adult Education – GED ........................................ 8001
Adult Education – ESOL ...................................... 8004

High School Dual Enrollment .............................. 3007
Non-Degree ........................................................ 3004
Transient (from another institution) ................ 3001

Notification of Social Security Number Collection and Usage
In compliance with section 119.071(5), Florida Statutes, Tallahassee Community College issues this notification to students, employees, and applicants regarding collection and usage of the Social Security Number (SSN). TCC collects and uses the SSN in performance of the College’s duties and responsibilities for the following purposes: admissions/testing; record identification and verification; classification of accounts; credit worthiness; billing and payments; data collection; reconciliation; tracking for outcome data and transition from one education level to the next; benefit processing; tax and scholarship reporting; financial aid processing; athletics recruiting; accreditation of programs; as a condition of employment and employment processing; and reporting to authorized agencies of the state and federal government. To protect identity, TCC secures all SSN from unauthorized access and assigns students and employees a unique identification number. The College will never release a SSN to unauthorized parties. The unique identification number is used for all associated employment and educational purposes at TCC.

Enrollment Services/Workforce Programs/Florida Public Safety Institute
Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report students’ social security numbers to the Internal Revenue Service. A student may refuse to disclose his or her social security number to the college, but the IRS is then authorized to fine the student in the amount of $50. In addition to federal reporting requirements, the public school system in Florida uses social security numbers as student identifiers (section 1008.36, Florida Statutes) for purposes of tracking and assisting students in the smooth transition from one education level to the next. All social security numbers are protected by the Family Educational Rights and Privacy Act (FERPA) and are never released to unauthorized parties.

* Students should review any additional requirements for degree/certificate programs in the College Catalog or at www.tcc.fl.edu.
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 residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide 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, a foreign national in a non-immigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements 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 pursuant to section 1009.21, Florida Statutes (see “Qualification by Exception” below). 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. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state.

**FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES**

I am an (check one): [ ] U.S. Citizen [ ] Non-U.S. Citizen [ ] Permanent Resident [ ] Other

Alien Registration Number: ___________________________ Issue Date: ______________________

**NON-FLORIDA RESIDENT**

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as “reclassification” of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s. 1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name (please print): ____________________________

Student Signature (electronic or ink): ____________________

**TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:**

**TERM OF APPLICATION:** (check one): [ ] FALL [ ] SPRING [ ] SUMMER YEAR: 20 ______

I qualify as a resident for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below):

[ ] I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my “parent” as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, “legal resident” or ‘resident’ means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17.” A copy of your parent’s tax return may be requested to establish dependence.

[ ] I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than
a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence). A copy of your tax return may be requested to establish independence.

[ ] I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

**QUALIFICATION BY EXCEPTION** (to be completed by the student)

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception and have attached the required documentation:

- [ ] I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes). (Required: Copy repaid Recipient card)
- [ ] I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage certificate and/or other documents required to establish residency)
- [ ] I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident, i.e. official transcript reflecting residency status or letter from Admission or Registrar office attesting to residency status) [Reciprocity rule, 1009.21(11)]
- [ ] I was previously enrolled at a Florida postsecondary 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
- [ ] Active duty members of the Armed Services of the United States residing in this state and their spouses and dependent children, and active drilling members of the Florida National Guard (Required: Copy of military orders or DD2058 showing home of record)
- [ ] Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida (Required: Copy of military orders)
- [ ] United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children (Required: Copy of marriage certificate or proof of dependency)
- [ ] Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children (Required: Employment verification letter)
- [ ] Students from Latin America and the Caribbean who receive scholarships from the federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: Proof of scholarship and Latin America or Caribbean residency)
- [ ] Southern Regional Education Board’s Academic Common Market graduate students attending Florida’s state universities (Required: Certification letter from State Academic Common Market Coordinator)
- [ ] Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training (Required: Employment verification/payment agreement)
- [ ] McKnight Doctoral Fellows and Finalists who are United States citizens (Required: Verification from graduate studies)
- [ ] United States citizens living outside the United States who are teaching at a Department of Defense Dependents School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate (Required: Proof of enrollment in graduate program for FL teaching certificate)
- [ ] Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed (Required: Proof of active duty membership for specified purpose)
- [ ] Active duty members of a foreign nation’s military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose)
TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FLORIDA RESIDENCY

Note: If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes. A COPY OF DOCUMENTS USED TO PROVE RESIDENCY MUST BE SUBMITTED WITH THIS FORM.

Claimant/Name (person claiming Florida residency): __________________________________________________________
Claimant’s Relationship to Student: _______________________________________________________________________
Claimant’s Address: ______________________________________________________________________________________
Claimant’s Cell Number: (_____) _____ - ________  Claimant Home Number: (_____) _____ - ________
Date Claimant began establishing legal Florida residence (if upon birth, enter birthdate): _____/_____/____

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY

Per s. 1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. Claimant must provide at least one copy of the following of his/her personal documentation:

[ ] Florida Voter's Registration Card - Number _____________________________ Issue Date _____/_____/____

Name of Florida County in which registered ________________________________________________________________

[ ] Florida Driver License - Number _____________________________ Original Issue Date _____/_____/____

Original Issue Date ______/____/____

Current Issue Date ______/____/____

[ ] Florida State Identification Card - Number _____________________________ Original Issue Date _____/_____/____

Original Issue Date ______/____/____

Current Issue Date ______/____/____

[ ] Florida Vehicle Registration - Number _____________________________ Original Issue Date ______/____/____

Current Issue Date ______/____/____

[ ] Proof of permanent home in Florida occupied as primary residence for 12 consecutive months prior to the student’s enrollment (Required: Document such as a deed or other evidence of title to property used as primary residence; a homeowner’s policy; a title insurance policy; evidence of a property tax payment on primary residence; multiple leases reflecting Florida address or lease of multiple years’ duration)

[ ] Proof of a homestead exemption in Florida (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant’s primary residence)

[ ] Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months (Dates of Attendance _____________________________ Graduation Date _____/_____/____). (Required: Official transcript)

[ ] Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period (Required: Pay stubs or W-2 form for past 12 consecutive months and/or verification from employers, and/or an IRS 1099 with verification of employment for the past 12 consecutive months from an employer)

B. Claimant may provide a copy of one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):

[ ] Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes

[ ] Florida professional or occupational license

[ ] Florida incorporation

[ ] Document evidencing family ties in Florida

[ ] Proof of membership in a Florida-based charitable or professional organization

[ ] Any other documentation that supports your 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
RESIDENCY DECLARATION

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name (please print): ______________________________________________________________________________________

Signature of Student: __________________________________________________________________________________________

Date ____/____/____

Claimant Name (if not the student): _________________________________________________________________________________

Signature of Claimant (Electronic or ink): __________________________________________________________________________

Date ____/____/____

**A copy of the document(s) used to prove residency must be provided with this form.**

Tallahassee Community College does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, sexual orientation, marital status, disability, pregnancy or age in programs or activities. For information regarding the College’s nondiscrimination policies and Title IX compliance visit our Equality and Civil Rights page or email directly to tolsonr@tcc.fl.edu

Complete and return application to:
Tallahassee Community College
444 Appleyard Drive
Tallahassee, FL  32304