

UNIVERSITY OF WEST FLORIDA
DUAL ENROLLMENT APPLICATION

THIS FORM IS FOR U.S. CITIZENS AND RESIDENT ALIENS ONLY. PLEASE COMPLETE EACH ITEM. PLEASE PRINT IN INK.
Dual Enrollment students are subject to the policies and procedures for non-degree students as provided in the catalog.
Please return this completed form to Argo Central in Building 18

1. U.S. Social Security Number: _____ -- _____ -- _____ 2. E-mail address: _____

In accordance with the requirements of Florida law ([Section 119.071, Florida Statutes](#)), the University of West Florida collects social security numbers only if specifically authorized or required by law or if imperative for the performance of the University's duties and responsibilities. As indicated in this form, the University prefers that you use your Student ID number in lieu of the SSN. However, if you do not know your Student ID, the SSN must be used for matching purposes. In such event the use of the SSN is a business imperative and is authorized for collection under Section 119.071(5)(a)(2)(II), F.S. Please visit <http://uwf.edu/uwfid/internal/policies.cfm> for UWF's policy on the use of social security numbers.

3. Name: _____
Last Jr.,III,etc. First Middle or Maiden

4. Date of Birth: ____/____/____ 5. Gender: ___ Male ___ Female 6. Nation of Citizenship: _____

7. High School: _____ 8. Classification: ___ Junior ___ Senior ___ Other
(as of the initial semester of dual enrollment)

9. I am applying for: Fall 20 ____ Spring 20 ____ Summer 20 ____ 10. Area of Interest: _____

11. Ethnic Origin (**Applicants are requested to provide this information voluntarily in compliance with Title VI of the Civil Rights Act of 1964**)
Choose one or more of the following: ___ White ___ American Indian or Alaska Native ___ Asian ___ Hispanic/Latino
___ Black or African American ___ Native Hawaiian or Other Pacific Islander

12. PRINT your current mailing address:

Number and Street Address City

State Zip Code County Area Code Home Phone Number Area Code Other Phone Number

13. In case of an emergency, indicate the person the university should contact:

Last Name First Name Middle Initial Relationship

Number and Street Address City

State Zip Code County Area Code Home Phone Number Area Code Other Phone Number

14. If your answer to any of the next two questions is **YES**, you must submit a full statement of relevant facts on a separate sheet attached to this form, and you may be required to furnish the University with all official documents explaining the final deposition of the proceedings.

A. Have you ever been charged with or subject to disciplinary actions for scholastic or any there type of misconduct at any educational institution? ___ YES ___ NO

B. Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? ___ YES ___ NO

If your records have been expunged pursuant to applicable law, you are not required to answer YES to this question. If you are unsure whether you should answer YES to 11A or 11B, we strongly suggest that you answer YES and fully disclose all incidents. By doing so, you can avoid any risks of disciplinary action or revocation of your registration.

I have read and understand the conditions of the Dual Enrollment Student Classification. By my signature below, I hereby authorize and allow the release of my academic record to my designated high school.

STUDENT'S SIGNATURE: _____ DATE: _____

UNIVERSITY OF WEST FLORIDA DUAL ENROLLMENT APPLICATION

INFORMATION FOR RESIDENCY CLASSIFICATION

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 months. Residence in Florida must be as 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, permanent resident alien, or legal alien granted indefinite stay by the U.S. Citizenship & Immigration Services. Other persons not meeting the twelve-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 Legislature and Board of Governors. 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 on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes.

ATTACH COPIES OF DOCUMENTATION REQUIRED

◆ A notarized copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence.

- _____ A. I am an **independent** person and have maintained legal residence in Florida for at least 12 months. (Required: proof of status)
- _____ B. I am a **dependent** person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- _____ C. 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 12 months. (Required: copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- _____ D. According to U.S. Citizenship and Immigration Services, I am a **permanent resident alien** or other legal alien granted indefinite stay and have maintained a domicile in Florida for at least twelve months. (Required: USCIS documentation and proof of Florida residency status.)
- _____ G. I am a **dependent child of a member of the armed services** of the United States who is stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida. (Required: copy of military orders or DD2058 showing home of record.)
- _____ H. I am a **dependent child of a full-time instructional or administrative employee employed by a Florida public school, community college or institution** of higher education. (Required: copy of employment verification.)

Person claiming residency must complete this section in full

◆ 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 a Florida resident classification is sought. All documentation is subject to verification.

◆ **Additional documentation** other than what is required above may be requested in some cases.

Please Print:

- | | |
|---|--|
| 1. Name of Student: _____ | 2. Student Social Security: ____/____/____ |
| 3. Name of Person claiming Florida residency: _____ | 4. Claimant's Relationship to Student: _____ |
| 5. Claimant's permanent legal address: _____ | 6. Claimant's telephone number: (____) _____ |

Street/P.O. Box	Apt. No.	City	State	Zip Code
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7. Date claimant began establishing legal Florida Residence and domicile: ____/____/____

◆ **Please complete information for 2 of the 3 following documents*:**

- | | | | | |
|--------------------------------------|--------------|-------------------|---------------|-------------------------------------|
| 8. Claimant's voter registration: | State: _____ | Number: _____ | County: _____ | Original Issue Date: ____/____/____ |
| 9. Claimant's driver's license: | State: _____ | Number: _____ | County: _____ | Original Issue Date: ____/____/____ |
| 10. Claimant's Vehicle Registration: | State: _____ | Tag Number: _____ | County: _____ | Original Issue Date: ____/____/____ |

◆ Note: Other documentation as defined in s.1009.21 (3)(c) may be used in cases where the documents above are unavailable or are not dated, issued, or filed 12 months before the start of the term.

11. Non-U.S. Citizen only: Resident Alien Number: _____ Original Issue Date: ____/____/____
Copy of card required

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 to FBOG Rule 6A-10.044 and 6A-20.003 F.A.C.

Signature of person claiming Florida Residency (as listed in Item #3 above)

 Date