

PASCO-HERNANDO COMMUNITY COLLEGE
Non-Credit Admissions and
Adult Education Application Form

Non-refundable tuition (In-state residents \$30 per semester; out-of-state residents \$120 per semester) to be paid at time of registration

_____-_____-_____
Social Security Number

Student ID Number

Academic Year: ____/____ Term: I (Fall) II (Spring) III (Summer)

Print Name _____
Last, First MI

Birth date ____/____/____

Permanent Address _____
(include apt. #)

Home Phone _____

City/State/Zip _____

Work Phone _____

Please check if this is an address change.

E-mail Address _____

Cell Phone _____

Citizenship:

- U.S. Citizen
 Permanent Resident Alien
Enter Alien Number _____ and attach a copy of your Permanent Resident Card.

Race:

- Are you Hispanic?**
 Yes No Not Reporting

Check all that apply:

- White Asian/East Indian
 Black/African/ African-American Native Hawaiian/Pacific Islander
 Native American/Indian Other

Gender:

- Male Female

Goal Code (select up to three from the following list):

- A Employment – Obtain a Job
 C Retain Employment – Current Job
 D Pass GED – Achieve a GED Certificate
 E Obtain High School Diploma – Earn Secondary School Diploma
 F Advance to Post-Secondary Level – Enter Postsecondary Education or Job Training
 J Citizenship
 X Default Goal: Improve Basic Skills or Learn English

Educational Background:

Name and Location of Last School Attended: _____

Highest Grade Completed: Grade 0 –5 Grade 6 – 8 Grade 9 –12

Major Code: (To Be Completed by College Personnel)

- ABE GED

My signature below indicates that the information provided above is true and correct to the best of my knowledge. I agree that I will abide by all rules, regulations, and policies of the College as set forth in the District Board of Trustees' Rules and as published in the College Catalog/Student Handbook.

Student's Signature _____

Date _____

INFORMATION FOR RESIDENCY CLASSIFICATION

RESIDENCE INFORMATION

A Florida resident for tuition purposes is a person who has maintained legal residence in the State of Florida for the 12 months immediately preceding the first day of the full term for which enrollment is requested. The residence status of the dependent student is considered to be that of the parent or legal guardian of the student. A dependent student is any person who is eligible to be claimed by a parent/legal guardian for Internal Revenue purposes. If the student is under 24 years of age, PHCC will assume that the student is a dependent student, and the parent/legal guardian must complete the Residence Statement (below). The Florida Legislature has established a limited number of categories for the granting of in-state residence status to individuals who do not meet the 12 month requirement. The most common categories are included in the Residence Statement (FS1009.21).

If you or your parent/guardian have not lived in Florida for the required 12 month period, and you do not find a category for your specific situation, please describe your status on a separate sheet of paper, attach supporting documentation, and submit this information with your application.

RESIDENCE STATEMENT

FLORIDA RESIDENTS (This section must be completed by the independent student or the parent/legal guardian of the dependent student.)

- I am an independent person and have maintained legal residence in Florida for the 12 months immediately preceding the first day of the full term.
NOTE: Independent persons under the age of 24 years must document independent status by providing the latest year's tax form.
- I am the parent/legal guardian of a dependent student, and I have maintained legal residence in Florida for the 12 months immediately preceding the first day of the full term.
- I am an active duty servicemember of the United States military stationed or residing in Florida. DOCUMENTATION REQUIRED: Military ID card and a copy of the servicemember's permanent military orders to Florida. NOTE: Spouse and dependent children are included.
- I have not resided in Florida for 12 months but have established legal residence in Florida and am married to a person who meets Florida residence for tuition requirements. DOCUMENTATION REQUIRED: Residence statement completed by student and spouse, documentation of legal ties to Florida, and copy of marriage license.
- I am a full-time instructional or administrative employee of a Florida public school, community college, or institution of higher education. DOCUMENTATION REQUIRED: Verification of full-time employment status. NOTE: Spouse and dependent children included.

Student's Name: _____ Student's Social Security Number: _____ - _____ - _____

Name of person claiming Florida residence: _____

Check status: Student Parent Legal Guardian (documentations showing court-appointed guardianship required)

Permanent Address _____
Street Address City State Zip Code

County of Residence _____ Beginning Date of Florida Residence _____

Driver's License State _____ County _____ DL Number _____ Original Issue Date _____
MO/YR

Voter's Registration State _____ County _____ Reg Number _____ Original Issue Date _____

Vehicle Registration State _____ County _____ Tag Number _____ Original Issue Date _____

Non-U.S. Citizen only:

Resident Alien Number _____ Issue date _____ Visa Status _____

(Attach a copy of Resident Alien Card or Passport and I-94 Card.)

DOCUMENTATION MAY BE REQUESTED BY THE COLLEGE FOR RESIDENCE DETERMINATION

I affirm that I meet all requirements as provided by Florida Statutes and am eligible for classification as a Florida resident for tuition purposes. I understand that a false or fraudulent statement on this form will subject me to penalties for making a false statement pursuant to Section 837.06 of the Florida Statutes.

Signature of person claiming Florida residence _____ 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. If I should qualify for a future term, I understand I must file documentation to substantiate my eligibility for reclassification. I understand that this documentation must be filed prior to the beginning of the full term.

- I am not a resident of the State of Florida and do not qualify for classification as a resident for tuition purposes.
I am a resident of the State of _____.
- I am a resident of the State of Florida, but have not resided in the state for the required 12 month period, nor do I qualify for residence classification under any of the exception categories provided by legislative ruling. I established legal residence in Florida on _____ and will submit appropriate reclassification documentation when I meet the requirements.
(indicate beginning date of residence here)

Signature _____ Date _____