



- Fort Lauderdale - 2000 W. Commercial Blvd., Suite 200  
Fort Lauderdale FL 33309 - (954) 492-5353
- Gainesville - 7001 N.W. 4th Blvd.  
Gainesville, FL 32607 - (352) 335-4000
- Miami - 9300 S. Dadeland Blvd., Suite 200  
Miami, FL 33156 - (305) 666-9242
- Hollywood - 6565 Taft St., Suite 200  
Hollywood, FL 33024 - (954) 744-1777
- Altamonte Springs - 177 Montgomery Rd.  
Altamonte Springs, FL 32714 - (407) 831-9816

## APPLICATION FOR ADMISSION

E-mail \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Program \_\_\_\_\_ Starting \_\_\_\_\_

B.S. Degree  A.S. Degree  Single Subject  Morning  Afternoon  Evening

**EDUCATIONAL RECORD**  I certify that I have a standard high school diploma or GED diploma as listed below.

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduation Date \_\_\_\_\_

GED Place Taken \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ GED Date Taken \_\_\_\_\_

Do you have a copy of your high school diploma or GED?  Yes  No

Schools and Colleges Attended Since High School:

|                   |            |             |                 |             |
|-------------------|------------|-------------|-----------------|-------------|
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |
| Institution _____ | City _____ | State _____ | Grad Year _____ | Major _____ |

### PERSONAL INFORMATION

Single  Married  Separated | No. of Dependents \_\_\_\_\_ | Are you a U.S. Citizen?  Yes  No

Alien Registration # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

### FAMILY INFORMATION

Name of parent, guardian, or spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

### REFERENCES OTHER THAN FAMILY

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### EMPLOYMENT RECORD

Current employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Type of work \_\_\_\_\_

**ETHNICITY**  Hispanic or Latino  Not Hispanic or Latino

**RACE**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Two or more

**BY SIGNING/TYPING MY NAME BELOW, I CERTIFY THE INFORMATION ABOVE OF IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date