

**Florida International University
Office of the Registrar
Certificate Program Application**

Instructions: Type or print in ink.

- Complete the form, sign it, and turn it in to the academic department.
- Have all transcripts from your previous institutions mailed directly to the academic department.
- The academic department will notify you of their decision.
- If you are an international student, contact the Office of Admissions regarding your visa status.
- If you are applying also for a degree program, you must complete a separate admission application and turn it in to the Office of Admissions.

Certificate Program: _____ Code: (Office Use): _____

Social Security Number (SSN):

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 Term: _____

Name: (Print, one character per block. Leave one block between names)

| | | | |
|-----------|------------|--|------|
| | | | |
| Last Name | First Name | | M.I. |

Permanent Address:

| | | | | | |
|-------------------|------|--------|-------|---------|----------|
| Number and Street | City | County | State | Country | Zip Code |
|-------------------|------|--------|-------|---------|----------|

Local Address:

| | | | | | |
|-------------------|------|--------|-------|---------|----------|
| Number and Street | City | County | State | Country | Zip Code |
|-------------------|------|--------|-------|---------|----------|

Telephone Numbers: (Residence) Area Code: _____ Number: _____ (Office) Area Code: _____ Number: _____

Nation of Citizenship: _____ Place of Birth: _____ Birthdate: _____

Sex: Male: Female:

Race: (Required by US Department of HEW under Title VI of the Civil Rights Act)

- | | | |
|---|--|--|
| (A)-Asian or Pacific Islander: <input type="checkbox"/> | (B)-Black (not of Hispanic origin): <input type="checkbox"/> | (H)-Hispanic: <input type="checkbox"/> |
| (I)-American Indian or Alaskan Native: <input type="checkbox"/> | (W)-White (not of Hispanic origin): <input type="checkbox"/> | |

Have you previously applied to a degree program at FIU: Yes: No:

Are you presently enrolled or plan to enroll at FIU: Yes: No: If Yes, what College/School: _____

Degree Program: _____

List in chronological order each college or university you have attended, or plan to attend before entering FIU's Certificate Program:

| Name of School | Location | Dates of Attendance From (MMDD) to (MMDD) | Degree Earned |
|----------------|----------|--|---------------|
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Test Scores: GMAT: _____ GRE: _____ TOEFL: _____

Have you ever been found by any school authorities or by any court to have disrupted or interfered with the orderly conduct, processes, functions, or programs of any educational institution? Yes: No:

If 'Yes', please give details: _____

Are you currently charged or have you been convicted or found guilty (even if adjudication withheld) of violating any federal or state law or municipal ordinance other than minor offenses involving a fine of \$500.00 or less? Yes: No:

If 'Yes', please give date, name of court, nature of offense, and penalty imposed, if any: _____

Students applying to a Certificate Program in the College of Education must fill out the additional information below:

Are you certified to teach? Yes: No: Rank: _____ Field: _____

If "Yes", in what State: _____ Type of Certification: _____

Indicate below your professional work experience:

| Occupation | Name and Address of Employer | Supervisor's Name | From | To |
|------------|------------------------------|-------------------|------|----|
| | | | | |
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Please list three references that may be contacted concerning your professional abilities:

Academic Department Use Only

The student's academic credentials have been reviewed and the student is hereby accepted into the Certificate Program.

Academic Department's Authorized Signature: _____ Date: _____

The student's academic credentials have been reviewed and the student is not accepted into the Certificate Program.

Academic Department's Authorized Signature: _____ Date: _____

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 residence in Florida for at least twelve months. Residence in Florida must be as a bonafide 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 Immigration and Naturalization Service. Other persons not meeting the twelve- month legal residence requirement 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 and Board of Regents. 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 as the same state as their parents.

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 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.

FLORIDA RESIDENTS

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

ATTACH COPIES (IF ANY) OF DOCUMENTATION REQUIRED

● A notarized copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependency/independency.

Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.

Independent: a person who provides more than 50% of his/her own support.

A copy of marriage certificate is required in all cases of spouse claiming partner's residency.

- A. I am an independent person and have maintained legal residence in Florida for at least 12 months.
- B. I am a dependent person and my parent or legal guardian 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).
- C. I am a dependent person who has resided for five years with an adult relative other than my relative or legal guardian, and my parent 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. I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of Marriage Certificate, claimant's voter's registration, driver license and vehicle registration).
- E. 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.
- F. 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 a domicile in Florida for at least twelve months. (Required: INS documentation and proof of residency status).
- G. I am a member of the armed services of the United States and I am stationed in Florida on active military duty pursuant to military orders, whose home of record is Florida, or I am a member's spouse or dependent child. (Required: Copy of military orders or DD2058 showing home of record).
- H. 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. I am part of the Latin American/Caribbean scholarship program. (Required: Copy of scholarship papers).
- J. I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-Secondary Expense Program, S.240.551,F.S.(Required: Copy of card).
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (Required: Copy of Marriage Certificate or proof of dependency).
- L. I am a Southern Regional Education Board's Academic Common Market graduate student. (Required: Certification letter from State Coordinator).
- M. 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 purpose of job-related law enforcement or corrections training.
- N. I am a McKnight Fellowship recipient. (Required: Verification from graduate studies).

* Person claiming residency should complete this form 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/PO Number Apartment Number City State Zip

7. Date claimant began establishing legal Florida residence and domicile : _____/_____/_____

8. Claimant's Voter Registration, State: _____ Number: _____ County: _____ Issue Date: _____

9. Claimant's Driver License, State: _____ Number: _____ Issue Date: _____

10. Claimant's Vehicle Registration, State: _____ Tag Number: _____ Issue Date: _____

11. Non-U.S. Citizen only. Resident Alien Number: _____ Issue Date: _____

(Copy of both sides 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 BOR Rule 6C-6.001(6), F.A.C.

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

Date

