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. Code: (Office Use): Certificate Program: Social Security Number (SSN): 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 County State Zip Code City Country Telephone Numbers: (Residence) Area Code: Number: _____ (Office) Area Code: ____ Number: ____ Nation of Citizenship: Place of Birth: Birthdate: Sex: Male: ☐ Female: Email Address: Race: (Required by US Department of HEW under Title VI of the Civil Rights Act) (A)-Asian or Pacific Islander: (B)-Black (not of Hispanic origin): (H)-Hispanic: (I)-American Indian or Alaskan Native: (W)-White (not of Hispanic origin): Have you previously applied to a degree program at FIU: Yes: 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 Degree Earned From (MMDD) to (MMDD) GMAT: _____ GRE: _____ TOEFL: ____ Test Scores: 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:

(CONTINUED ON NEXT PAGE)

Are you certified to teach?	Yes: □	No:	ucation must fill out the addition Rank:	Field:		
f "Yes", in what State:						
ndicate below your professio						
Occupation	Name and Address of Er	mplover	Supervisor's Name	1	From	То
			- Capoliticol o Maine	<u> </u>		
Please list three references	s that may be contacted co	oncerning y	our professsional abilities:			
	Acad	emic	Department U	Jse Only	•	
			-	_		
The student's academic cred	entials have been reviewed a	and the stud	ent is hereby accepted into the Cer	rtificate Program.		
Academic Department's Auth	orized Signature:			Date:		
The student's academic cred	entials have been reviewed a	and the stud	ent is not accepted into the Certific	cate Program.		
	horized Signature			Date:		
Academic Department's Auth						
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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

□ В. □ C.

□ D. □ E. □ F. □ G. □ H. □ J. **□** K. □ L. □ M. □ N.

• 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.

			ce in Fiorida for al least 12 m	onths. (Required: Copy of most recent
tax return on which you were claimed as I am a dependent person who has resi			no my rolativo or logal guardic	on, and my parent has maintained local
residence in Florida for at least 12 m				
dependency).	ionino. (i toquirou: Ook	y or most recent tax re-	diri dir milan yad mara alan	nod do d dopondon or other proof of
I am married to a person who has mai	ntained legal residence	in Florida for at least 12	months. I have now establish	ned legal residence and intend to make
Florida my permanent home. (Required	•			•
I was previously enrolled at a Florida st	tate institution and class	ified as a Florida residen	t for tuition purposes. I aban	doned my Florida domicile less than 12
months ago and am now re-establishing	Florida legal residence		• •	·
According to the United States Immigra	ation and Naturalization	Service, I am a permane	ent resident alien or other lega	al alien granted indefinite stay and have
maintained a domicile in Florida for at le	east twelve months. (Re	quired: INS documentation	on and proof of residency state	us).
I am a member of the armed services	of the United States an	d I am stationed in Florid	a on active military duty purs	suant to military orders, whose home of
record is Florida, or I am a member's sp	•	` '	•	,
	. , , ,		nool, community college or ins	stitution of higher education, or I am the
employee's spouse or dependent child.	` '	• •		
I am part of the Latin American/Caribbe		` ' '	,	(Dansin L. Oans of a sul)
I am a qualified beneficiary under the te		, ,	•	` ' '
I am living on the Isthmus of Panama a	•		•	ma Canai Branch, or I am the student's
spouse or dependent child. (Required: I am a Southern Regional Education Bo	.,		• /	ttor from State Coordinator)
I am a full-time employee of a state age		•	` .	•
subdivision for the purpose of job-relate	, ,		lent rees are paid by the state	agency or political
I am a McKnight Fellowship recipient. (· ·		
* Person claiming residency should * Documents supporting the establis the term for which a Florida resident *Additional documentation other tha Please print: 1. Name of student:	shment of legal resider t classification is soug in what is required abo	nce must be dated, issu ht. All documentation i ove may be requested in	s subject to verification. n some cases.	
3. Name of person claiming Florida r		4. Claimant's relationship to student:		
			_	
	ss·			, .
5. Claimant's permanent legal addre	· ·		6. Claimant's Telephon	e Number:()/
	Apartment Number	City	6. Claimant's Telephon State	e Number:()/
Street/PO Number	Apartment Number	•	State	Zip
Street/PO Number	Apartment Number	•	State	Zip
Street/PO Number 7. Date claimant began establishing 8. Claimant's Voter Registration,	Apartment Number glegal Florida residen	ce and domicile : Number:	State / County:	Zip Issue Date:
Street/PO Number 7. Date claimant began establishing 8. Claimant's Voter Registration, 9. Claimant's Driver License,	Apartment Number glegal Florida residen State: State:	ce and domicile : Number: Number:	State County:	Zip Issue Date: Issue Date:
7. Date claimant began establishing 8. Claimant's Voter Registration, 9. Claimant's Driver License, 10. Claimnat's Vehicle Registration, 11. Non-U.S. Citizen only. Resident	Apartment Number glegal Florida resident State: State: State: State: Alien Number:	ce and domicile : Number:	State County:	Zip Issue Date:
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