

APPLICATION FOR ADMISSION

General Information

Please type or print clearly in black or blue ink all information on this application.

College Credit Application*

Career and Technical Education

***NOTE: There is a \$30 nonrefundable admission application fee for first-time College credit applications.**

Fee subject to change without notice.

Name _____
LAST FIRST MIDDLE

Social Security number _____ Date of birth _____
(MONTH) (DAY) (YEAR)

E-mail _____ Phone (home) _____

Phone (cellular) _____ Phone (work) _____

Local address _____
STREET CITY STATE ZIP CODE

Permanent address (if different from above) _____

Country of birth _____ Country of citizenship _____

Immigration status: U.S. citizen Permanent resident alien (copy of card required) Other _____
 Refugee/asylum status (copy required) Visa: type _____ (copy required)

Emergency contact: Full name _____ Relationship to Student _____

Work Phone _____ Home/Cell Phone _____

Native Language:
 Creole English Spanish Other (please indicate) _____

Are you an active duty service member? Yes No Are you a veteran of the U.S. Military? Yes No

Are you eligible to receive VA educational benefits as the spouse or dependent child of a veteran? Yes No

Demographic Data: Please provide the following data.

Check only one: Yes, I am Hispanic/Latino No, I am not Hispanic/Latino

Check one or more: Asian American Indian or Alaskan Native Black or African American
 Native Hawaiian or Other Pacific Islander White

Gender: Male Female

The information requested above in the Demographic Data section is on a voluntary basis to aid the State of Florida in its commitment to Equal Education/Employment Opportunity and to meet federal reporting requirements. (This information will not affect your admission to the College.)

Basis of Admission (Please check box that applies)

- | | |
|---|--|
| <input type="checkbox"/> Earned a standard high school diploma | <input type="checkbox"/> Home-schooled |
| <input type="checkbox"/> Earned a GED | <input type="checkbox"/> Early college (dual enrollment) |
| <input type="checkbox"/> Anticipated high school or GED graduation date _____ | <input type="checkbox"/> Early admission |
| <input type="checkbox"/> Transfer from an accredited college or university | <input type="checkbox"/> Career pathways |
| <input type="checkbox"/> Transient student | <input type="checkbox"/> Special diploma or certificate of completion |
| | <input type="checkbox"/> None of the above (allowed for Career and Technical Education only) |

Name of high school: _____ Graduation date _____

City, state and country of high school: _____

For office use only: Date _____ Term _____ Staff initials _____ MDC student # _____

(PLEASE COMPLETE ALL SECTIONS AND SIGN YOUR APPLICATION)



All first-time-in-college students must submit official high school transcripts (showing actual graduation date) or equivalency. If you are a Florida public high school graduate, Miami Dade College will electronically request your transcript. However, you are ultimately responsible for ensuring that Miami Dade College receives your final high school transcript or equivalency.

Previous Colleges or Universities: Have you attended any other colleges or universities? Yes No

If you have previously attended another college or university, please note that all degree-seeking students are required to submit official college/university transcripts from all institutions attended. Failure to submit all transcripts will prevent future enrollment at the College and/or jeopardize financial aid eligibility. Please request that your final official transcripts be sent to the Miami Dade College campus you will attend. Transcripts will be evaluated only if you are a degree-seeking student.

(If yes, please list all information below. If additional space is needed, attach list on a separate sheet.)

Name of institution: _____

City, state and country _____

Dates attended _____ Degree earned _____
(leave blank if none)

Name of institution: _____

City, state and country _____

Dates attended _____ Degree earned _____
(leave blank if none)

Enrollment and Degree Information

New admission Previously applied but never enrolled Previously enrolled (term and year) _____

I plan to attend Miami Dade College beginning:

Term: Fall (Aug.-Dec.) Spring (Jan.-Apr.) Summer (May-July)

Location preferred: Hialeah Homestead InterAmerican Kendall Medical North
 West Wolfson Virtual College Outreach: _____

Check the degree or program you intend to pursue at Miami Dade College:

Associate in Arts (A.A.) Associate in Science (A.S.) Associate of Applied Science (A.A.S.) Bachelor's degree
 College Credit Certificate program Career and Technical Education program Undecided

Intended major/Pathway _____ Program code (see program listing) _____

I plan on taking specific credit courses only and do not intend to complete a degree at this time. Please check one of the following categories:

Personal interest Transfer Upgrade my skills Teacher certification/renewal EPI program Transient

Conduct and Certification Statements

Have you ever been incarcerated or convicted of a felony offense, experienced disciplinary problems at another educational institution, or have been designated as a sexual offender/predator?

YES NO If yes, please submit a written statement detailing the circumstances to the dean of students for review prior to admission to Miami Dade College. This information will be handled confidentially, unless otherwise required by law.

By signing this application, I agree to the following terms:

I authorize Miami Dade College (MDC) to obtain my Florida public high school /college/university records and test scores through the use of electronic means if that high school participates in the Florida Automated System for Transferring Educational Records (FASTER) system. I also agree to the release of any transcripts and test scores to MDC, including any score reports that MDC may request from the College Board, ACT or other official testing agencies accepted by MDC. I understand that I may be provisionally admitted until all of my transcripts, test scores and related educational records have been received. I understand that I am responsible for ensuring that MDC receives all of my transcripts and test scores, and that if my transcripts are not provided within the first 30 days of my initial term, I may not be allowed to register in a subsequent term.

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the Students' Rights and Responsibilities Handbook, available on-line, and all other rules, regulations and policies of Miami Dade College. I agree that if my records are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes without a refund of any fees paid.

NOTE: YOU MUST ALSO COMPLETE AND SIGN THE FLORIDA RESIDENCY AFFIDAVIT (ON THE NEXT PAGE) IN ORDER FOR YOUR ADMISSION APPLICATION TO BE COMPLETE.

X _____
SIGNATURE OF APPLICANT DATE

MIAMI DADE COLLEGE IS AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION AND DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, MARITAL STATUS, AGE, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN'S STATUS, SEXUAL ORIENTATION OR GENETIC INFORMATION. CONTACT THE OFFICE OF DIRECTOR, EQUAL OPPORTUNITY PROGRAMS/ADA COORDINATOR, AT 305-237-2577 FOR ASSISTANCE.
TITLE: DIRECTOR, EQUAL OPPORTUNITY PROGRAMS/ADA COORDINATOR
ADDRESS: HUMAN RESOURCES, KENDALL CAMPUS, 11011 S.W. 104 STREET, MIAMI, FLORIDA