



ST. JOHNS RIVER STATE COLLEGE

Dual Enrollment/ Collegiate High School/Early Admissions Application/Admissions Form

ST. JOHNS RIVER STATE COLLEGE

Phone number: (386) 312-4136 Fax number: (386) 312-4027 e-mail: dualenrollment@sjrstate.edu

SSN input boxes

SOCIAL SECURITY NUMBER

If numbers cannot be read, then the student may need to provide appropriate documentation, in order for any corrections to be made.

Please print clearly & in blue or black pen.

A. STUDENT NAME(Report name as recorded on birth certificate): LAST FIRST M

B. PERMANENT MAILING ADDRESS: email address: Street, P.O. Box City State Zip

C. TELEPHONE: Home: Work/Cell: Ext:

D. CITIZENSHIP (Please check one): U.S. Citizen Permanent Resident Alien Refugee Non-Resident Alien-Nation Citizenship

E. BIRTHDATE:

Sections F & G: The information requested is to aid the State of Florida in its commitment to Equal Education/Employment Opportunity and to meet federal reporting requirements.

F. What is your ethnic origin: Hispanic or Latino Not Hispanic or Latino

G. What is your race? Mark one or more that apply White Black or African American Native Hawaiian or other Pacific Islander Asian American Indian or Alaska Native

H. GENDER: Male Female

I. *THIS APPLICATION IS FOR ENTRY TERM: (PLEASE CHOOSE ONLY ONE TERM)

Fall, 20 Spring, 20 Summer, 20

* If the student does not enroll in the term indicated above, a new application will be needed for the new starting term.

J. TEST SCORES (ACT, SAT, CPT, PERT): Test scores attached Set up CPT/PERT Date:

K. PROGRAM PLAN:

A.A. Program Plan (Associate in Arts Degree) Program Number: Undecided 0001

Other:

Select only one Academic Pathway:

- Arts, Humanities, Communications, and Design Business Education Industry/Manufacturing, and Construction Health Sciences Public Safety Science, Technology, Engineering, and Mathematics Social and Behavioral Sciences and Human Services

*Social Security Number is needed to log into MySJRstate to view registration schedules, take online courses, find textbook information, see grades and transcripts, etc.

PLEASE READ, COMPLETE, AND SIGN WHERE INDICATED

PERSON TO NOTIFY IN CASE OF EMERGENCY: (Please list someone with a different address and phone number from the student).

_____/_____/_____/_____/_____
Name Street Address or P.O. Box City State Zip

TELEPHONE: Daytime Phone: (_____) _____ - _____ Ext. _____

HIGH SCHOOL IN WHICH YOU ARE CURRENTLY ENROLLED:

_____/_____/_____/_____
High School Name City State Exp. Graduation (month/year)

_____/_____
High School Counselor's Signature Date

POLICY STATEMENT ON EQUALITY OF OPPORTUNITY AND NONDISCRIMINATION

St. Johns River State College does not discriminate against any employee, prospective employee, student or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, creed, color, national origin, marital status or religion nor does it discriminate against the qualified disabled or on the basis of age or sex, except where age or sex is a bonafide qualification. The college subscribes to and endorses all provisions of the Civil Rights Act of 1964, as amended; Federal Executive Order 11246, as amended; Title VI and Title IX of the Educational Amendments of 1972, as amended; and the Rehabilitation Act of 1973, as amended.

ASSISTANCE FOR DISABLED PERSONS

If you require special services due to a disability, you may notify the Counseling Office on the campus nearest you. This voluntary self-identification allows SJR State to prepare appropriate support services to facilitate your learning. This information is confidential and does not affect your admission to the College.

ALL STUDENTS AND A PARENT OR COURT-APPOINTED GUARDIAN MUST SIGN BELOW

I certify that the information given in this admissions form is complete and accurate; and I understand that to make false or fraudulent statement within this admissions form may result in disciplinary action, denial of admission to the dual enrollment program, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the College. Should any of the information I have given change prior to my entry, I will immediately notify the admissions office. I certify that as a condition of my admission to the dual enrollment program, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at St. Johns River State College.

- I further understand that an overall **unweighted 3.0 grade point average** is required to participate in the dual enrollment program.
- I am required to take the **SAT, ACT, CPT, or PERT before** registering for class(es). If I plan to enroll in **English** or **Math** courses I must **have the qualifying scores**.
- I understand that making **below** a grade of "C" (including a "W" grade for withdrawing) in any dual enrollment course will result in **dismissal from the program**.

X _____/_____
Signature of parent or court-appointed guardian Date

X _____/_____
Signature of student Date