Application for Readmission

Office of Admissions and Records
3001 SW College Road • Ocala, FL 34474
Phone: (352) 854-2322 ex: 1319 • FAX: (352) 873-5875 • www.cf.edu

I STUDENT INFORMATION

To be accepted for readmission you must complete and **sign** this application.

___ - ___ - ____ and _____
Social Security Number CFCC ID# (If you can provide.)

Last Name First Name Middle Initial

Previous Name(s) (If name has changed since last semester of attendance, please provide proof of change.)

Permanent Mailing Address (Number and Street) (Apt. No)

City State Zip Code

___ - ___ - ____
Area Code Phone Number

Note: If you think your Florida residency classification status has changed please complete a Petition for Reclassification.

FOR NON U.S. CITIZENS ONLY:
What visa do you hold: ____
Country of Citizenship: _____
(If you are a permanent resident alien, you must provide a photocopy of your Alien Registration Card, front and back).

II ACADEMIC INFORMATION

Semester and Year You Plan to Attend: (Please check one and write in year)

❒Fall (August) 20____ ❒Spring (January) 20____ ❒Summer A/C (May) 20____ ❒Summer B (June) 20____

Program of Study or Area of Interest Intended: (Please check one & enter the program code. See back for program codes.)
❒A.A. – Associate of Arts - _ _ _ _ ❒A.S. – Associate of Science* - _ _ _ _ ❒Non-Degree-College Credit- _ _ _ _
❒College Credit Certificate - _ _ _ _ ❒Postsecondary Adult Vocational Program*- _ _ _ _
***** Special programs have additional admission requirements. See back for program codes.

Previous College History
Applicants for all programs that require a high school diploma or GED must submit FINAL OFFICIAL transcripts from EACH postsecondary institution previously attended to the Office of Admissions and Records prior to the first semester of enrollment as required by 837.06 F.S. ***Only transcripts sent directly from the issuing institution to CFCC or hand-carried in an unopened envelope sealed by that institution are OFFICIAL.***

College and University Information: (List all colleges and universities previously attended. ***DO NOT ABBREVIATE***.)

Name of College(s) or University(s)	City & State	Attended From	Attended To	Degree Earned	Date Earned	Eligible To Return?

III SIGNATURE

IMPORTANT: Each applicant must read and sign the following statement.
I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements may result in disciplinary action, denial of readmission, and invalidation of credits or degrees earned pursuant to Florida Statute 837.06. I also give my permission to release all my transcripts and test scores to Central Florida Community College.

Applicant's Signature in Ink Date

Enrollment Services use only:
❒ Student has selected a valid degree code.
❒ Student does not need to provide additional residency information.

ES Initials: _____ Date: _____

Office of Admissions and Records use only:
Processed by: _____ Date: _____