

UNDERGRADUATE CERTIFICATE APPLICATION OFFICE OF THE REGISTRAR

Please Note: This is not an application for Admission to a degree program at the university. Students desiring admission to a degree program must fill out an Admission Application with the Office of Admissions. This certificate application includes a \$30.00 non-refundable processing fee, which will be assessed upon enrollment of classes for Certificate Program Students.

Important: Have you ever received a grade from FIU	? [] Yes [] No		Term: Fall
Certificate Program:	Code (office use):	Spring	
Social Security Number (SSN): Panther ID:			Summer
Please read written notification on collection and usage of Social Secur	rity Numbers found at the end of this application.		
Name:	-		
Last	First	MI	
Permanent Address:			
Street	City	State	Zip Code
Email:	Telephone Number:		
Nation of Citizenship:	Place of Birth:	D.O.B.:	
Sex: [] Male [] Female			
Race: [] (A)-Asian or Pacific Islander [] (I)-American Indian or Alaskan Native	[] (B)-Black (Not of Hispanic origin [] (W)-White) [] (H)-His _] [] (NS)-No	
*** This s	ection is to be filled out by non-US citizens. **	**	
Are you a permanent resident? [] Yes [] No Resider If you answered NO to the question above, you MUST respond Do you presently have a visa? [] Yes [] No If yes, in What type of visa do you expect to hold while at Florida Inter Proof of legal status in the United States must be included with the Permanent Resident Alien Card or Copy of Visa issued). Failure to with Visas must be cleared with FIU International Student Service 5813.	d to the following questions: Visa Expira ndicate type: Student (F-1) Student (F-1) Student (F-1) Student (F-1) Student (F-1) Student (F-1) Supplication. Please submit applicable proof: (i.e. submit copy of U.S. legal status proof may delay th	tion Date: (specify)] Other (specify) , Copy of U.S. Passport or Cere processing of your application	tificate of Naturalization; tion. International Students
Failure to answer these questions will delay the p			
If your answer to any of these questions is yes , you ar documentation explaining the final disposition of the Conduct and Conflict Resolution Department, so that that this hold can ONLY be resolved by the Student Co	proceedings. In addition, a hold will be play you are made aware that FIU needs docun	aced on your account by nentation regarding you	y FIU's Student ır case. Please note,
	udent Conduct and Conflict Resolution Modesto A. Maidique Campus: GC 311 305-348-3939		
Have you ever been subject to disciplinary action or do you creasons:		any educational institution	n for any of the following
[] Yes [] No Academic misconduct (such as cheating that was due to poor grades	s), you so not need to disclose any academic dis	missal, suspension, or pro	bation
[] Yes [] No Behavioral misconduct (such as fighting	3)		
[] Yes [] No Have you ever been convicted of, or cha	arged with, a criminal offense or are you curren	tly the subject of any crimi	inal proceedings?
NOTE: ALL APPLICANTS MUST SUBMIT THEIR IMMUNIZAT	ION DOCUMENTS TO MMC UHSC 101 or FAX: 3	305-348-3336 / BBC HWC	or FAX: 305-919-5312

OFFICE OF THE REGISTRAR

Instructions: Print in ink.

- Complete the form, sign it, and turn it in to the academic department (organization).
- Have all transcripts from your previous institutions mailed directly to the academic department (organization).
- The academic department (organization) will notify you of their decision.
- If you are an international student, contact the Office of Admissions regarding your visa status and additional admission requirements.
- 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.

List in chronological ord	der each college or univer	sity you have attended, or		_	icate Program:
Name of School		Location Dates of At (MMDD) to		nce From	Degree Earned
				DD)	Degree Earnea
Students applying to a C	Certificate Program in the	College of Education must	fill out the additional Inf	ormation below:	
Are you certified to teach?	Yes: () No: ()	Rank:	Field:		
If "Yes", in what State:		Type of Certification:			
Indicate below your prof	fessional work experience				
Occupation	Name and Address of	Supervisor's Name	Letter name	From	То
	Employer				
	Please list three referen	ces that may be contacted	concerning your profes	sional abilities:	
Acad	lomic Dona	tmont (Orac	nization) II	lca Only	,
Acau	iemic Depai	tment (Orga	inization) u	se Only	
The student's academic cre	edentials have been reviewe	ed and the student is hereby	accepted into the Certificat	e Program.	
Academic Dept (Organization) Authorized Signature:		Date:			
The student's academic c	redentials have been review	ved and the student is not ac	cepted into the Certificate	Program.	
Academic Dept (Organiza	tion) Authorized Signature:		Date:		

Note: Please return this form to the Office of the Registrar and notify the student of your decision.

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 proceding the first day of classes of the term for which Florida residency is sought. 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 Florida Board of Education. 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 of the same state as their parents. Residency for tuition purposes requires the establishment of legal ties to thestate of Florida. Students must verify that they have broken ties to other states if the student or in the case for dependent students, his or her parent, has moved fromanother statewithin the past 12 months.

for support are presumed to be legal residents of the same state as their parents. Remust verify that they have broken ties to other states if the student or in the case fo		•	
Non-Florida Residents I understand that I do not qualify as a Florida resident for tuition purpose future term it will be necessary for me to file that required documentatic classification. Signature (in ink)			
I. Florida Residents			
The next three sections must be completed in full if you claim Florida real lam an independent person and have maintained legal residence in Florida for at leas lam a dependent person and my parent or legal guardian has maintained legal resider lam a dependent person who has resided for five years with an adult relative other to (Required: Copy of most recent tax return on which you were claimed as a dependent lam married to a person who has maintained legal residence in Florida for at least the (Required: Copy of marriage certificate, claimant's voter registration, driver license at laws previously enrolled at a Florida state institution and classified as a Florida reside Florida legal residence. According to the United States Immigration and Naturalization Service, I am a perma at least the past 12 consecutive months. (Required: INS documentation and proof of I am a member of the armed services of the United States and I am stationed in Florid spouse or dependent child. (Required: Copy of military orders or DD2058 showing h I am a full-time instructional or administrative employee employed by a Florida public or I am the employee's spouse or dependent child. (Required: Copy of employment will am a qualified beneficiary under the terms of the Florida Prepaid College Program (Plam and Individual Copy of marriage certificate or proof of dependency.) I am a Southern Regional Education Board's Academic Common Market graduate sturn and full-time employee of a state agency or political subdivision of the state whose corrections training.	at 12 months. Ince in Florida for at least the past 12 consecutive months than my parent or legal guardian, and my relative has maint or other proof of dependency.) Ine past 12 consecutive months. I have now established legal vehicle registration.) In the for tuition purposes. I abandoned my Florida domicile that the form to the resident alien or other legal alien granted indefinite for esident status.) In the form to the registration of the resident status. In the form to the registration of the form of the resident status. In the form to the registration of the resident status. In the form to the registration of the resident status. In the form to the registration of the resident status. In the form to the registration of the resident status of the resident status. In the form to the registration of the resident status of the resident status. In the form to the registration of the resident status of the resident status. In the form to the registration of the resident status of the resident status. In the form to the registration of the resident status of the resident status of the resident status. In the form to the registration of the resident status of the registration	intained legal residence in Florida gal residence and intend to make the less than 12 months ago and an the stay and have maintained a dom whose home record is Florida, of the student's spouse or dependent	e Florida my permanent homen now re-establishing nicile in Florida for or I am a member's 3), and (6)),
II. Florida Residency Information			
Name of person claiming Florida residency:	Claimant's relations	ship to student:	
Claimant's permanent legal address: Street Claimant's telephone number: Date claimant began establishing legal Florida residence and domicile (mo	Onth/year):	State	Ziþ
Claimant's Florida voter registration State:Number: Claimant's Florida driver's license State:Number: Claimant's Florida vehicle registration State:*Number: Note: Other documentation as defined in s.1009.21(3)(c)may be used in cases where the	:County: :	lssue date:	
Non-U.S. Citizens only Resident Alien Number: (Please submit a copy of your Alien Registration Card, front and back, with this application.		Issue date:	
All Applicants I do hereby swear or affirm that the above named student meets all requituition purposes. I understand that a false statement in this affidavit will sut BOR Rule 6C-7.00(5), F.A.C.			
Signature of person claiming Florida residency (as listed in item II above)		 Date	
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Application must be submitted to the department for approval.