

Name _____ (last) (first) (middle)

Social Security No. _____ Date of Birth _____

Other names under which you were enrolled at this or any other institutions _____

Telephone No. (____) _____ E-mail Address _____

Permanent Address _____ Mailing Address _____

When do you desire to begin attendance? Fall Spring Summer 20____ Full Time Part Time

Intended Major _____ Intended Minor (if applicable) _____

When did you first apply to Florida Tech? _____

Since your initial application to Florida Tech, have you been convicted of any violation of the U.S. law? Yes No

If yes, please explain _____

Country of Citizenship U.S.A. Other _____ First Language _____

If you are not a U.S. citizen or a permanent resident, will you require an I-20? Yes No

If you are a U.S. permanent resident, please supply a copy of your resident alien card.

Are you currently attending another educational institution? Yes No

Have you attended any educational institution since leaving Florida Tech? Yes No

Do you plan to attend any educational institution before enrolling at Florida Tech? Yes No

If you responded yes to any of the last three questions, please provide the following information:

_____ From _____ To _____
(name of institution) (location) (dates of attendance)

_____ From _____ To _____
(name of institution) (location) (dates of attendance)

_____ From _____ To _____
(name of institution) (location) (dates of attendance)

**A Transcript of Record must be requested by you from the Registrar for each of the above institutions and sent directly to:
Florida Tech, Office of Undergraduate Admission, 150 West University Blvd., Melbourne, FL 32901-6975.**

I hereby certify that the information on this document is true and correct to the best of my knowledge.

Signature _____ Date _____