

Name _____

Contact Address _____

State _____

City/ST/Zip _____

Contact Information _____

Home (_____) _____ - _____

Cell (_____) _____ - _____

E-mail _____@_____

SSN#: _____

Where at:

_____ Residential State _____ Car State

Intended Major _____

I am applying for:

_____ Fall Term _____ Spring Term

I will be:

_____ Full-Time _____ Part-Time

Please include the address you attended since leaving FSC (if you have attended).

a. _____

b. _____

Please include the address you attended since leaving FSC:

1. What year did you leave FSC and what were the circumstances that led you to depart?
2. What year did you re-enroll at FSC?
3. Why did you leave FSC?

Please send completed application via email

Mail

Attention: Transfer Reentry Student Admission
Florida State College Admission Office
111 Lakewood Drive Lakeland,
FL 33801-5698

Email

fsad@fsc.edu

Income tax information may be required.