

# OKALOOSA-WALTON COLLEGE

## NON-CREDIT – APPLICATION/RESIDENCY/REGISTRATION FORM

**STUDENT INFORMATION:** (Please Print in Ink)

1. SOCIAL SECURITY NUMBER:
2. \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME MAIDEN
3. \_\_\_\_\_  
 MAILING ADDRESS CITY STATE ZIP
4. \_\_\_\_\_ 5. SEX:  MALE  FEMALE  
 HOME PHONE NUMBER WORK PHONE NUMBER
6. RACE (Check all that apply):  ASIAN  BLACK  HISPANIC  AMERICAN INDIAN  UNKNOWN  WHITE
7. PRIMARY LANGUAGE:  ENGLISH  GERMAN  SPANISH  FRENCH  OTHER (Specify) \_\_\_\_\_
8. CITIZENSHIP:  U.S. CITIZEN  RESIDENT ALIEN Resident Alien # \_\_\_\_\_ Country of Citizenship \_\_\_\_\_
9. DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 10. High School/GED Graduation Date: \_\_\_\_\_ or  Mark here if you have not graduated from HS  
 Month Day Year
11. PROGRAM - Why are you attending OWC:  
 8100 ADULT BASIC EDUCATION  8200 GED PREPARATION  8400 PERSONAL ENRICHMENT  8600 KIDS ON CAMPUS  
 8150 ABE - ESOL  8300 APPRENTICESHIP  8500 UPGRADE JOB SKILLS  8800 PRIME TIME

**RESIDENCY STATEMENT:**

I CERTIFY I AM A RESIDENT OF FLORIDA BASED ON THE FOLLOWING (check one)

1. \_\_\_\_ I have lived in Florida for the preceding twelve (12) months or longer beginning on \_\_\_\_\_  
 Month Day Year
2. \_\_\_\_ I am active duty military stationed in Florida or a Florida resident interrupted by military duty.
3. \_\_\_\_ I am the spouse of a service person on active duty stationed in Florida.
4. \_\_\_\_ I am the dependent of a service person on active duty stationed in Florida.
5. \_\_\_\_ I am the dependent of a Florida resident, having lived with said relative for five (5) years.
6. \_\_\_\_ I am a full-time instructional/administrative person employed in Florida by a public school, state community college or state institution of higher education or I am the spouse or dependent of said person.
7. \_\_\_\_ I am a non-resident of Florida, but a resident of the following state (per the Florida statutes): \_\_\_\_\_ State of Residency

**REGISTRATION:**

COURSE	REFERENCE NUMBER	CLASS	LOCATION	DAY	TIME

**STUDENT CERTIFICATION:**

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence affidavit may result in disciplinary action, denial or admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Trustees and rules and regulations of the college. I hereby authorize OWC to obtain student records electronically from any Florida school or college previously attended. I further agree to allow all my records to be electronically transferred to the institution of my choice. I certify that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at OWC.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date