

Please submit your \$50 application fee (Online application fee is \$40: www.fit.edu/ugrad/apply)

Choose one: FRESHMAN TRANSFER **Choose one:** FULL-TIME PART-TIME

Choose a term of entry: Fall, August _____ Spring, January _____ Summer, May _____*
*(This option for transfer students only.)

PERSONAL INFORMATION

PRINT YOUR NAME BELOW EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD OR PASSPORT

Last Name (Surname) First Name (Given) Middle Preferred Name (Nickname)

INTENDED MAJOR OR FIELD OF STUDY (required) _____
Major Code

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ AGE _____ GENDER Male Female
Optional mm/dd/yyyy

LIST ANY OTHER NAMES (OR OTHER SPELLINGS) UNDER WHICH YOU WERE ENROLLED AT ANOTHER INSTITUTION:

Last Name First Name Middle

DO YOU PLAN TO RESIDE IN UNIVERSITY HOUSING DURING YOUR FIRST YEAR AT FLORIDA TECH? Yes No

PERMANENT ADDRESS	FATHER'S NAME _____ (Or Legal Guardian)
Street _____	Home Street Address _____
City _____	City _____
Country _____ Postal Code _____	Country _____ Postal Code _____
Phone _____	Daytime Phone _____
Cell Phone _____	Employer _____
E-mail _____	Occupation _____
	E-mail _____

MAILING ADDRESS (if different than permanent address)	MOTHER'S NAME _____ (Or Legal Guardian)
Street _____	Home Street Address _____
City _____	City _____
Country _____ Postal Code _____	Country _____ Postal Code _____
Language spoken in the home _____	Daytime Phone _____
Country of Citizenship _____	Employer _____
City of Birth _____	Occupation _____
Country of Birth _____	E-mail _____

My mother father parents is/are alumni of Florida Tech.

If you have a brother or sister enrolled at Florida Tech, please supply his/her name _____

The following information is optional and will not, in any way, be used in a discriminatory manner.

Are you applying for financial aid? Yes No

Religious Preference _____ Marital Status Single Married

U.S. citizens, select all that apply:

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

*Non-U.S. citizens, select one:

- International (non-U.S. citizen)
- Permanent Resident or Resident Alien of the U.S.
*(If a resident alien, please send a copy of both sides of resident alien card to the Office of Admission)

ACADEMIC EXPERIENCE

List all educational institutions attended, **starting with the most current**. Please list all high schools, secondary schools, colleges and/or universities you have attended. Use a separate sheet of paper if necessary.

NAME OF INSTITUTION	CITY/COUNTRY	DATES ATTENDED FROM-UNTIL	CERTIFICATES/DIPLOMAS DEGREES RECEIVED	YEAR OF COMPLETION/GRADUATION

Have you applied to Florida Tech in the past? Yes No If yes, when? _____

Have you previously attended Florida Tech? Yes No If yes, when? _____

Have you ever been convicted of anything other than a traffic violation? Yes No If yes, please explain: _____

Please check all that apply:

I have taken one or more Advanced Placement (AP) examinations

I am pursuing an Army ROTC scholarship

I am a Florida Tech INTEL Science Fair Scholarship recipient

I have one or more pilot certificates or have some flight experience

I am pursuing an International Baccalaureate program

If you are applying as a first-year student, please enter the following additional information:

Guidance Counselor Name or Headmaster _____ Counseling Office Phone _____

Guidance Counselor E-mail _____ High School Web Address _____

Have you ever taken or are you scheduled to take the SAT? Yes No

Please list the test dates (month/year) for every time you took the exam _____

Have you ever taken or are you scheduled to take the ACT? Yes No

Please list the test dates (month/year) for every time you took the exam _____

If yes, have you had your scores sent to Florida Tech? Yes No

Have you taken the TOEFL? Yes No

Please list the test dates (month/year) for every time you took the exam _____

EXTRACURRICULAR ACTIVITIES

Please list any extracurricular activities, hobbies and employment in which you have been involved. Check the left column beside any activity you would like to continue to participate in at Florida Tech. You may use the space below or attach an additional sheet of paper.

CHECK MARK	ACTIVITY	YEARS OF PARTICIPATION	POSITIONS HELD/HONORS EARNED
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

REFERRAL INFORMATION

How did you first learn about Florida Tech (check all that apply and supply the appropriate name(s)):

Teacher _____ College Fair _____ Florida Tech Applicant _____

Friend _____ Florida Tech Professor _____ Florida Tech Representative _____

Counselor _____ Florida Tech Student _____ Other _____

Publication _____ Florida Tech Alumnus _____

What led you to apply to Florida Tech? _____

Please sign your application. Your signature indicates that you understand that Florida Tech reserves the right to rescind an offer of admission if any information provided on this application proves to be false.

Signature _____ Date _____