

Applied Cybersecurity Application Packet

Dear Prospective Student,

First Coast Technical College is accepting applications for the Applied Cybersecurity program. All classes meet at the Main Campus in St. Augustine. As you begin your student journey, please refer to the Application Checklist below.

Course	Total Hours / Weeks
Applied Cybersecurity	750 Hours / 24 Weeks*
Cybersecurity Associate	600 Hours
Information Security Manager	150 Hours

Industry Certification: CompTIA Security+

All applicants must have a high school or GED diploma.

*** CASAS or TABE scores must be on file unless you meet the basic skills exemption requirement.**

**If you meet the above requirements,
please continue with this Application Checklist.**

Application Checklist

- Request your final official sealed high school or GED transcripts. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your **final official sealed Transcripts**.
- Apply for **Federal Student Aid**. Go to <http://studentaid.gov> FCTC's school code is **012544**. For more information, visit <http://fctc.edu/financial-aid/>.
- Go to your program on [FCTC.edu](https://fctc.edu) and click **Create My FCTC Account** to start your pre-registration if you have not already.
- Upon receipt of your official transcripts, you will receive email notification regarding your **assessment requirements**.
- Submit your Application, Florida Residency form plus copies of two qualifying documents and any additional required documents for the program. Drop off documents to the Receptionist in Building A on our Main Campus or email Admissions@FCTC.edu to request instructions on how to upload documents.
- All steps must be completed before registering for classes.** Registration steps are detailed in this packet.

**It is the responsibility of the student to ensure
all paperwork has been submitted to Admissions.**

Program Fees

Go to your program at [FCTC.edu](https://fctc.edu) and click on **Program Costs** for a complete cost breakdown.

Program Requirements

All applicants must have a high school or GED diploma.

Auxiliary Aid and Accommodations

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please visit Student Advising in Building A at the FCTC Main Campus or email StudentAdvising@FCTC.edu.

FCTC does not make inquiries of a student concerning a disability or accommodations. Students with a disability, IEP or 504, etc. that are requesting special accommodations must meet with a student advisor and identify themselves prior to assessments and the beginning of classes. Self-Advocacy is highly suggested. Please refer to the Student Handbook.

Education Requirements

Applied Cybersecurity High School or GED diploma

Assessment Score Requirements

Once your official transcripts (high school, GED or college) are reviewed, you will receive an email letting you know if you will need to take an assessment to determine your reading and math abilities or if you are basic skills exempt. *Students who submit college transcripts where no degree was earned should submit final official high school or GED transcripts.*

To take the assessment, you can pay in person or call (904) 547-3383 or (904) 547-3381 to pay over the phone. To schedule your assessment appointment, refer to the test calendar at <https://fctc.edu/assessment/> then contact the Test Center by emailing Testing@FCTC.edu or calling (904) 547-3390. Test fees are non-refundable.

Program	CASAS Scores		TABE Scores		
	Reading	Math	Reading	Math	Language
Applied Cybersecurity	239	236	576	596	584

Securing Your Seat

FCTC's primary method of communication is via email. Please be sure to check your emails including spam/junk.

Class seating is limited to the first applicants who meet all admission requirements. Some programs have application deadlines; see the website program page for those dates. Programs may fill before the application deadline, so please apply early.

Please allow 10 days for your application to be processed.

When Admissions determines your application packet is complete, you will be contacted to **pay the application fee**. After you pay the application fee, you will receive an **email** detailing your payment options and registration instructions.

You must register which means paying your tuition and fees to secure your seat in the program.

Seats are limited, please register in a timely manner. If no seats are available when your application is complete, Admissions will communicate the next start date. Student's choice may not always be available. Once seats are filled, students with completed applications will be placed on a **waiting list** based on the date admission requirements were met and will be processed in that order.

APPLICATION

Desired program: _____

Desired start date: _____

Last Name	First Name	Middle	Maiden	Nickname
-----------	------------	--------	--------	----------

Street Address	Apt/Unit Number
----------------	-----------------

City	State	Zip	County
------	-------	-----	--------

Mailing Address (if different than street address)

Street Address	Apt/Unit Number
----------------	-----------------

City	State	Zip	County
------	-------	-----	--------

Cell Phone _____ Alternate Phone _____

Email _____

Date of Birth _____ City and State of Birth _____

Social Security number for FCTC to furnish annual 1098T _____

Emergency Contact Information

Name _____	Name _____
------------	------------

Relationship _____	Relationship _____
--------------------	--------------------

Contact Number (cell) _____	Contact Number (cell) _____
-----------------------------	-----------------------------

Education History

High School: check highest grade completed. 9th 10th 11th 12th

Check the item you received. High school diploma GED Neither

Have you participated in high school dual or secondary enrollment or had prior career and technical education (CTE) training? Yes No

If yes, please explain _____

Dates of Attendance _____ School _____

Reason for leaving the program _____

College: check all that apply

Some Classes 1yr. 2yr. 3yr. 4yr.

If you received a college degree, please check all that apply.

Technical Certificate/License Associate Bachelor Master's Doctorate

List courses taken relevant to desired program.

If you have previous experience that you feel is relevant to your desired program, please explain.

Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation? Yes No

If yes, please explain _____

If you have checked yes for the previous question, would you like to connect with FCTC staff to discuss obstacles that may impede your career or licensure in this field? Yes No

FCTC is required by the Florida Department of Education to obtain the following information for reporting purposes. The information is not used in the eligibility process.

Gender: Female Male

Single Ethnicity: Please select ONE.

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other

Ethnicity: Hispanic or Latino Yes No

Race: Please select ALL that apply.

<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	

Is English your primary language? Yes No

If no, what is your primary language?

Are you a United States citizen? Yes No

Military Status: Please select ALL that apply.

<input type="checkbox"/> No Military History	<input type="checkbox"/> Active Member Reserves
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Eligible Dependent (spouse/child)
<input type="checkbox"/> Active Member National Guard	<input type="checkbox"/> Veteran

I understand that submitting this application does not guarantee admittance into a program and that all application fees are non-refundable.

I have been provided the consumer information notice at <http://fctc.edu/consumer/gainful-employment/> and campus security report at <http://fctc.edu/about/safety/>. FCTC will also provide a paper copy of the campus security report upon request.

The FCTC Student Handbook is located at <http://fctc.edu/students/handbook/>. I have read the FCTC Student Handbook, and I agree to accept responsibility and will comply with all policies outlined in the student handbook.

I verify that all information contained in this application is true and correct. I authorize FCTC to contact former employers and educational institutions listed in this application for the release of information to officials of FCTC concerning my performance and progress while under their employment or enrolled in their program(s).

Applicant Print Name _____

Signature of Applicant _____ **Date** _____

Florida Residency Declaration for Tuition Purposes

THIS SECTION MUST BE COMPLETED IN FULL IF YOU ARE CLAIMING FLORIDA RESIDENCY FOR TUITION PURPOSES PURSUANT F.S. 1009.21
Students who have been established as exempt from paying tuition fees or use Florida Prepaid are exempt from the residency requirement.

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant above. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent student who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy your tax return may be requested to establish independence.

Name of Student _____ Last 4 of SS# _____ DOB _____

Claimant Name _____ Relationship to Student _____
(Claimant is the person who is claiming Florida residency, e.g., the student, parent, spouse, or legal guardian)

Permanent Legal Address of Claimant _____

Date Claimant Began Establishing Residency in Florida _____

Claimant must provide two qualifying forms of documentation proving **at least 12 consecutive months residency** prior to enrollment.

Please select TWO qualifying forms of documentation. AT LEAST ONE MUST BE FROM TIER 1.
Include copies of both documents.

TIER 1: MUST have at least one from this tier	TIER 2:
<input type="checkbox"/> Florida driver's license or State of Florida ID card <input type="checkbox"/> Florida voter registration <input type="checkbox"/> Florida vehicle registration <input type="checkbox"/> Proof of permanent home in Florida occupied as primary residence by student of parent/legal guardian (if student is dependent) <input type="checkbox"/> Proof of homestead exemption in Florida <input type="checkbox"/> Transcripts from a Florida high school for multiple years, if the Florida high school diploma or GED was earned within the last 12 months <input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period <input type="checkbox"/> Proof of active duty residing or stationed in Florida	<input type="checkbox"/> Declaration of domicile in Florida <input type="checkbox"/> Document evidencing family ties in Florida <input type="checkbox"/> Florida professional or occupational license <input type="checkbox"/> Florida incorporation <input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization <input type="checkbox"/> Any documentation that supports student's request for resident status (Ex: utility bills with 12 consecutive months of payment or lease agreement with proof of 12 consecutive months of payment)

Claimant's Driver's License ST _____ Number _____ Issue Date ___ / ___ / ___

Claimant's Voter Registration ST _____ County _____ Number _____ Original Issue Date ___ / ___ / ___

Claimant's Vehicle Registration ST _____ Number _____ Original Issue Date ___ / ___ / ___

Non-U.S. Citizen Only Resident Alien Number _____ Issue Date ___ / ___ / ___

Check if you have any of the following and provide a copy. DD214 Tuition waiver Florida Prepaid

I do hereby swear and affirm that the above-named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to F.S. 837.06.

Signature of Claimant _____ Date _____

Florida Residency Definitions and Exemptions

A Florida “resident for tuition purposes” is an independent or dependent person whose parent or legal guardian has, established, and maintained legal residence in Florida for at least 12 months. Residency in Florida must be for the purpose of establishing a permanent legal residence and not to just attend school at an institution of higher education. To qualify as Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Other persons not meeting the 12-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 for exemption. All other persons are ineligible for classification as a “Florida Resident for Tuition Purposes.”

Documents supporting the establishment of legal residence in Florida must be dated, issued, or filed 12 months prior to the first day of classes of the term for which an in-state classification is sought.

Who may be eligible to establish Florida residency for tuition purposes?

- U.S. citizens, permanent resident aliens, certain Visa categories, and certain active-duty members of the Armed Services of the United States, their spouses, and their dependent children.
- Honorable discharged veteran of the U.S. Armed forces, the U.S. Reserve Forces or the National Guard who physically resides in Florida FS 1009.26 (13). Please submit copy of DD214.

Who is not eligible to establish Florida residency for tuition purposes?

- Students dependent on out-of-state parents (claimed on the parent(s) Federal Income Tax form).
- Students who moved to the State of Florida for the sole purpose of attending an institution of higher education.
- Students who claim independence but cannot document independence.
- Certain Visa categories.

Who is exempt from establishing Florida residency for tuition purposes?

- Students exempt from paying fees (DCF, homeless waivers) are exempt from providing proof of residency. F.S. 1009.25(2)(c)(d) and(f), F.S.
- Students paying with Florida Prepaid College Program. Each qualified beneficiary shall be classified as resident for tuition purposes, regardless of his or her actual legal residence. F.S. 1009.98(a)1.

If you do not qualify for Florida residency, please sign below.

NON-FLORIDA RESIDENT ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency reclassification.

Printed Student Name _____ State of Residence _____
 Student Signature _____ Date _____