

St. Petersburg College Application

Admission Readmission
to college credit courses and programs.

A NON-REFUNDABLE APPLICATION FEE OF \$40 MUST ACCOMPANY THIS FORM.
Mail application and fee to: Central Records, PO Box 13489, St. Petersburg, FL 33733

Please print LEGAL name in full: USE INK

First name	Middle name	Last name	Suffix

Preferred first name _____

Have you ever had a different last name? Yes No

If yes, what name(s)? _____

Social Security number

U.S. citizen?

Yes No If NOT a U.S. citizen, what is your country of citizenship?

According to the United States Immigration Service,

- I have a resident alien number _____
- I have political asylum _____
- I am a refugee _____

Date issued _____
Please attach copies of appropriate documentation.

Visa type _____

Are you a U.S. veteran? Yes No

Information on ethnic origin, sex and age of students is VOLUNTARY and will not be used for discriminatory purposes.

1. Please indicate your ethnicity by checking (X) the appropriate box.

- Hispanic or Latino
- Not Hispanic or Latino

2. Please indicate your race by checking (X) one or more of the appropriate boxes.

- American Indian or Alaskan Native
- Asian
- Black, or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender (optional)

- Male Female

Birth date _____
Month _____ Day _____ Year _____

Home phone number

Work/business phone number	Extension

Cell / Pager number

Home e-mail

Please print legibly.

Work/business e-mail

Please print legibly.

PERMANENT ADDRESS: Street and number

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City	County	State	ZIP Code

MAILING ADDRESS (If different from permanent): Street and number

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City	County	State	ZIP Code