



# SUPPLEMENTAL APPLICATION FORM FOR BACHELOR DEGREE PROGRAMS

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

EDISON STUDENT ID#: \_\_\_\_\_ OR SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

MAILING ADDRESS CITY STATE ZIP

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE NUMBER WORK PHONE NUMBER EVENING PHONE NUMBER PRIMARY E-MAIL ADDRESS**SELECT DEGREE PROGRAM:**

- |   |   |
|---|---|
| <input type="checkbox"/> B.A.S. Public Safety Management  | <input type="checkbox"/> B.S. Elementary Education (Begins Spring 2009)         |
| <input type="checkbox"/> B.S. Secondary Education Biology | <input type="checkbox"/> B.A.S. Supervision and Management (Begins Spring 2009) |
| <input type="checkbox"/> B.S. Secondary Education Math    | <input type="checkbox"/> B.S. Nursing (Begins Fall 2009)                        |

**SELECT TERM OF ADMISSION:**

- |  |   |
|--|---|
| <input type="checkbox"/> FALL (August) Year _____    | <input type="checkbox"/> SUMMER A (May) Year _____  |
| <input type="checkbox"/> SPRING (January) Year _____ | <input type="checkbox"/> SUMMER B (June) Year _____ |

**HAVE YOU PREVIOUSLY ATTENDED EDISON COLLEGE?**

- YES If Yes, specify last term attended \_\_\_\_\_  
**If you were not enrolled at Edison College within the last year, you need to submit a new Edison College Admissions Application.**
- NO If No, complete an Edison College Admission Application in addition to this form.

**DID YOU HAVE TWO YEARS OF A FOREIGN LANGUAGE IN HIGH SCHOOL?**

- YES Send an official high school transcript to the Office of the Registrar at the address listed below.
- NO

**PREVIOUS POSTSECONDARY EDUCATION:**

List all colleges, universities, technical schools, etc. you have attended since high school. Official Transcripts must be requested and sent directly to Office of the Registrar, Edison College, 8099 College Parkway SW, Fort Myers, Florida 33906 from all institutions listed including official score reports from CLEP, DANTES, AP or IB.

NAME OF INSTITUTION	CITY/STATE	DATES OF ATTENDANCE	DEGREES EARNED

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 of 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 Edison College to obtain student records electronically from any Florida school or college previously attended or any college placement test scores. I further agree to allow all my records to be electronically transferred to the institution of my choice.

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

Please submit this application to the Office of the Registrar, Edison College, 8099 College Parkway SW, Fort Myers, Florida 33919  
*An Equal Access/Equal Opportunity Institution*