



\$10,000 Bachelor Degree Programs in Applied Health Sciences or Computer Information Systems Technology

Note: This document and its contents constitute a student record and are exempt from public records under Florida Statutes § 1002.22 and § 1006.52. The contents of this document can only be disclosed in accordance with Student and/or Parental/Guardian consent.

I, _____ (Name) _____ (Student I.D.),
am applying to participate in the Eastern Florida State College (the College) \$10,000 Bachelor Degree Program (the Program) for a Bachelor of Applied Science degree in Applied Health Sciences or Computer Information Systems Technology per the foregoing guidelines and definitions

I have been informed by the College of the scope and focus of the Program and eligibility requirements. By signing this Agreement, I affirm that I understand the requirements of the Program and the Agreement, and I agree to fully abide by its terms. The submittal of this Agreement with my signature indicates I am entering into an agreement with the College by which I am legally bound; therefore the College will permit me to participate in the Program subject to the provisions set forth herein.

This offer must be signed on/or before July 30 of my incoming freshman year to be valid. The College may extend the offer in subsequent years.

_____ (Signature) _____ (Date)

_____ (College Official) _____ (Date)