

Northwest Florida State College Career Pathways Transition Plan

Students ID: _____

Date Plan Initiated: _____

Student Information		
Name:		
Permanent Address:		
Home Phone: Cell Phone:	Email Address:	___ Citizen ___ Permanent Resident ___ Legally entitled to work in US
Date of Birth:	Gender: ___ Male ___ Female	I have a GED Diploma: ___ Yes ___ No
I am currently enrolled in: ___ Adult High School ___ ABE ___ GED ___ ESOL		

Academic Assessment Information On File		
___ TABE Assessment Scores on file	Date of last test:	
___ GED Ready Test Scores on file	Date of last test:	
___ GED Test Scores on file	Date of last test:	Diploma #
___ CASAS Test Scores on file	Date of last test:	
___ College Placement Test/FBAT	Date of last test:	

Special Education Information
What educational institute do you currently attend?
What is the name of the postsecondary institution you plan to attend?
Are you interested in a college credit program or a technical program?
Do you have a specific career field of interest?
Do you have work experience? If so, in what areas?

My Educational Objective
I plan to attend the following educational institution.
I plan to enroll _____ semester/term of _____ year.
I plan to work toward a career in _____ (program of study)

With the help of my advisor, I agree to perform the following components of my transition plan. Please check all components that apply to my career pathway.

Student Signature: _____

Date: _____

Transition Advisors must work with each student to establish in-state residency requirements for college. A dependent student verifies residency through parent’s documentation. An independent student verifies residency with their documentation.

Under 24 not married/no children: **Dependent student must go on parent’s verification**

Over 24 or married/or have children: Independent student...if they are under 24 and married or have children they must provide marriage certificate or birth certificate to be considered independent.

If the student was considered out-of-state they must provide three documents from below, if not only two verifications are necessary.

The following is a list of verifications that can be used to establish residency.

___ Parents/students Florida Driver’s License or State ID (if not 12 months old or older, 2 additional verifications are required)

___ Parents/students Florida Voter’s registration card (must be 12 months or older)

___ Parents/students Florida vehicle registration (tag must be assigned to parent for 12 months or longer)

___ Parents/students official signed lease agreement/mortgage deed /proof of homestead exemption (must be 12 months)

___ Parents/students utility bill showing proof of past 12 month of continual service

___ Parents/students official state, federal, or court documents evidencing legal ties to Florida for the last 12 months.

This can be food stamp, TANF, Medicaid, child support verifications. If parent/student is on parole, a letter from their probation officer verifying residency for 12 months can be used.

___ Parents/students employment if they have worked 30 hrs. or more for the past 12 months. They can get a statement from their employer verifying work hours. It must be on company letterhead stationery and clearly state number of hours works weekly with a begin date 12 months prior to beginning of semester student will begin class.

There are other documents that can be used to establish residency. Refer to the Residency Page of the College Application for additional information.

List the verifications to be used to establish residency:

1. _____

2. _____

3. _____ (if necessary)

List what the student still needs to verify residency:

1. _____

2. _____

3. _____

I agree to perform the following components of my plan:

_____ Take GED Ready Tests(4 test)*	Date:	Scores on file	
_____ Referral to ASC (tutoring)	Date:	Referral on file	
_____ Apply for financial aid	Date:	Award on file	
_____ Take GED	Date:	Test results on file	
_____ CHOICES	Date:	Referral on file	
_____ Career Exploration	Date:	Referral on file	
_____ Referral to ASC (test/study strategies)	Date:	Referral on file	
_____ Complete Admissions	Date:	Raidernet/on file	
_____ Complete Residency	Date:	Raidernet	
_____ Request Transcripts	Date:		
_____ Complete Orientation	Date:	Raidernet/on file	
_____ Take College Placement Test #1	Date:	Scores on file	
_____ College Placement Test # 2	Date:	Scores on file	
_____ Take other entry test (FBAT/TABE)	Date:	Scores on file	
_____ Meet with Academic Advisor	Date:	Raidernet	

*GED Ready Test Scores: Reading/Language: _____ Math: _____
 Social Studies: _____ Science: _____

To be completed by Transition Advisor:

- _____ Transition Plan Complete
- _____ FAFSA complete
- _____ Admissions complete with high skill/high wage career
- _____ Students College placement scores show college ready in two out of three areas
- _____ Reading _____ Algebra _____ English (place scores and circle those that are college ready)



NORTHWEST FLORIDA STATE COLLEGE

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize Northwest Florida State College to release certain confidential information from my file pertaining to the GED Transitional Grant:

Purpose of disclosure: To provide verification of student program completion.

Materials to be released:

1. Copy of College Acceptance Notification
2. Copy of Financial Aid Award Notification
3. Copy of Official GED Test Scores

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Northwest Florida State College, Office of Workforce Education or person who maintains the records of this authorization. This authorization is good for the academic year in which it was signed unless revoked in writing, and photocopies of this release form may be accepted, when presented in person with appropriate identification.

Student Signature/Date

NWFSC-Authorized Staff/Date

For NWFSC Office Use:

Student ID: _____