

## Application for Readmission Graduate

Instructions: Graduate Readmission applies to students who have attended the University of Florida as a graduate student but have not enrolled for two or more consecutive terms, including summer. Returning students must apply for readmission whether to the same or a different graduate program. Readmission is not guaranteed. A \$30 non-refundable processing fee is required. Mail this form with a \$30 check or money order to the University of Florida, Office of Admissions, PO Box 2946, Gainesville, FL 32627-2946. Phone: (352) 392-1365 UFID: Last/Family/Surname: First/Given Name: Middle: \* Social Security Number: Permanent Mailing Address: (include street and number, city, state and zip) Phone Number: Current Mailing Address: (include street and number, city, state and zip) E-mail Address: Non-U.S. citizens only: Are you a permanent resident alien? Date of Birth: Citizenship: United States Yes. Attach a copy of both sides of your permanent resident alien card. ☐ No. What visa do you presently hold? \_ month Other: UF is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner. Are you Hispanic? \_\_\_\_\_ Yes \_\_\_\_ No How would you describe yourself? Choose one or more: American Indian or Alaska Native Asian Black/African American Hawaii Native or Other Pacific Islander Veteran Status: Are you a member or veteran of the U.S. military? Yes: Active Duty If "Yes", check the box to the right if you served on or after September 11, 2001 Are you eligible to receive VA educational benefits as the spouse or dependent child of a veteran of the U.S. military? **Readmission to Graduate School** Indicate the term and year you desire for readmission: Term (Summer A/C, Summer B, Fall, Spring): Indicate the college and program/major for readmission: College: Select the degree you desire to obtain: \_\_\_\_ Master's Engineer Term (Summer A/C, Summer B, Fall, Spring): \_ What term and year was your last enrollment at UF? Program/Major: What college and program/major were you last enrolled? College: List all Colleges or Universities Attended. Use additional paper, if necessary. Degrees Degrees Date To Month Year From Office Use Institution — include city and state Earned Will Earn Month Month Year At the University of Florida, all references to criminal history in admissions applications are separated upon receipt and applications are reviewed for admission without awareness of whether the applicant checked the box related to criminal justice history. A separate team of specially trained University professionals on campus security and consultation assessment will evaluate whether a past criminal offense would justify a denial of admission and make a recommendation to the Director of Admissions. Simply acknowledging a prior criminal history is not necessarily a bar to admission and applicants with a criminal justice history should not be discouraged from applying. Failure to answer these questions will delay processing of your application. If your answer to any of the following questions is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings. Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of ☐ Yes ☐ No misconduct at any educational institution? Have you ever been charged with a violation of the law which resulted in, or if still pending, could result in, probation, ☐ Yes ☐ No community service, a jail sentence, the revocation or suspension of your driver's license? If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure, whether you should answer yes, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission. I will abide by the university's regulations concerning application deadlines and admission requirements. I certify that the information given in this application is complete and accurate, and I understand that false or fraudulent statements within this application or residence statement may result in denial of admission, disciplinary action, and invalidation of credits or degrees earned at the university. If admitted, I hereby agree to abide by

the policies of the Florida Board of Education and the rules and regulations of the university. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the University of Florida Office of Admissions. I understand that the \$30 U.S. check or money order that must accompany this application is a non-refundable fee.

Applicant's Signature

\* The Federal Privacy Act of 1974 and Section 119.071(5)(a)2, 5(a)3 and 5(a)4 of Florida Statutes authorizes the university to require the disclosure of Social Security

<sup>\*</sup> The Federal Privacy Act of 1974 and Section 119.071(5)(a)2, 5(a)3 and 5(a)4 of Florida Statutes authorizes the university to require the disclosure of Social Security Numbers by applicants and students for the purpose of identification and verification of student records, including registration, financial aid and academic records and for verification of identity in the provision of university services. The university does not use your Social Security Number for student identification. It is only used to assign your UF student identification number (UFID).



residency)

## Florida Residency Declaration for Tuition Purposes

continued <sup>---</sup>

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought. Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, or legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services. Other persons not meeting the twelve-month legal residence requirements 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 pursuant to section 1009.21, Florida Statutes. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state

		he state of Florida red from another s		that the student has broke	en ties to other st	tates if the student of	or, in the case of a dependent student, his or	· he
PLEA	SE PRIN	T if submitting ha	ard copy.					
Name	of Stude	nt:				UFID:		
	nt is a:		☐ Non-U.S. Citizen	☐ Permanent Resident	— ☐ Other	Date of Birth:		
Alien F	Registration						Visa Category:	
			-		purposes are red		cumentation of their legal status in the Unite	d
NON-I	FLORIDA	RESIDENT						
necess I unde in s. 10	sary for m rstand be 009.26, F	ne to submit an up eing classified as a Florida Statutes. Su	odated Residency Dec a non-Florida resident ubmission of an update	claration while providing pre will not exclude me from th	scribed, support e possibility of re	ting documentation teceiving a waiver to	nd that should I qualify for a future term, it w to substantiate as "reclassification" of my sta cover part or all of the out-of-state fee as de the term for which residency is sought. I do	atus efin
Studer	nt Name:					UFID:		
Signat	ture of Stu	udent: (Electronic	or ink):		<del></del>	Date:	· · · · · · · · · · · · · · · · · · ·	
то ве	COMPL	ETED BY THE S	TUDENT SEEKING F	LORIDA RESIDENCY FO	R TUITION PUR	POSES:		
be nec	cessary fo	or me to present e	vidence of residency f		ting my claim as	a Florida resident fo	lication is submitted. I understand that it will or tuition purposes. I have read the residence	
of a mo for s. 2	I am a <b>dependent student</b> , 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 below. 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 <b>independent person</b> 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 th 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 purpos of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such student will be required to verify independence ( <i>including financial independence</i> .) A copy your tax return may be requested to establish independence.  I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):							
			-					
IERM	OF APP	LICATION: (checi	k one):	□ SPRING	□ SUMMER	YEAR: 20	<del></del>	
QUAL	IFICATIO	ON BY EXCEPTION	N (to be completed l	by the student)				
As pro	ovided in s	s. 1009.21, Florida	a Statutes, I qualify for	residency based on the fol	lowing permitted	d exception (docume	entation required):	
	m a <b>qual</b> ecipient ca		<b>ry</b> under the terms of	the Florida Prepaid College	e Program (s. 10	009.98, Florida Statu	utes.) (Required: Copy of Florida Prepaid	
□ lar and □ lwa	m <b>marri</b> d d intend to as <b>previ</b>	ed to a person o make Florida my ously enrolled	y permanent home. ( <i>R</i> at a Florida state	Required: Copy of marriage	e certificate and/oution and classi	<i>for other documents</i> ified as a Florida res	nonths. I now have established legal residency required to establish residency.) sident for tuition purposes. I am	се
				postsecondary institution postsecondary institution postsectablishing Floring			sident for tuition purposes. I abandoned my	
							dependent children, and active drilling	
	members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record)  Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System							
ins	titution or	•	vithin 50 miles of the m		•	•	establishment is within a county contiguous	
	,	•	• ,	Panama who have comp	oleted 12 consec	cutive months of coll	lege work at the Florida State University	
				endent children. ( <i>Required</i>				
de	pendent o	children. ( <i>Require</i>	d: Employment verification	eation)			f higher education and their spouses ar	ıa
					•	•	ment. Any student classified pursuant to	



## Florida Residency Declaration for Tuition Purposes

□ Southern Regional Education Board's Academic Common Market graduate students attent Certification letter from State Academic Common Market Coordinator) □ Full-time employees of state agencies or political subdivisions of the state when the st subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification United States citizens living outside the United States who are teaching at a Department of Defert School and who enroll in a graduate level education program that leads to a Florida teaching certificate. (In the form of FL teaching certificate) □ Active duty members of the Canadian military residing or stationed in this state under the North their spouses and dependent children, attending a Florida College System institution or state university we are stationed. (Required: Proof of active duty membership for specified purpose) □ Active duty members of a foreign nation's military who are serving as liaison officers spouses and dependent children, attending a Florida College System or state university within 50 miles of officer is stationed. (Required: Proof of active duty membership for specified purpose)	udent fees are paid by the state agency or political nt verification/payment agreement) from graduate studies) as Dependent School or in an American International Required: Proof of enrollment in graduate [program American Air Defense (NORAD) agreement, and ithin 50 miles of the military establishment where they and are residing or stationed in this state, and their
TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FL RESIDENCY:	
<b>NOTE:</b> If the student is a <b>dependent</b> , the parent is the claimant and will complete this section and provide is <b>independent</b> , the student is the claimant and will complete this section and provide evidence of residence conclusive in establishing residency. Additional documentation, other than what is prescribed, may be request to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.	cy supporting the claim. No single document shall be sted in some cases. All documentation provided is subject
Claimant/Name of Person Claiming FL Residency:	
Claimant's Address:	
Telephone Number:	
Date Claimant began establishing legal FL residence (if upon birth, enter birthdate):	
PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY	
Per s. 1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of more of the documents identified below. No single piece of evidence shall be conclusive.	of written or electronic verification that includes two or
A. Claimant must provide at least one of the following of his/her personal documentation	n:
□ Florida voter's registration card number:	Current Issue Date:/
<b>B.</b> Claimant may provide one or more documents from the following categories to democonjunction with one document from above):	onstrate residency in Florida (to be used in
<ul> <li>□ Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes</li> <li>□ Florida professional or occupational license</li> <li>□ Florida incorporation</li> <li>□ Document evidencing family ties in Florida</li> <li>□ Proof of membership in a Florida-based charitable or professional organization</li> <li>□ Any other documentation that supports your request for resident status, including, but not limited to, utility a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court</li> </ul>	
RESIDENCY DECLARATION:	
I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for make to review or examine any and all documents and records, including those accessible electronically, which matuition purposes.	this Residency Declaration, or provided in support of ing a false statement. I give permission for the institution
Student Name (Please Print):	UFID:
	J. 15.
Claimant Name (if not the Student):	
Signature of Claimant (Electronic or ink):	Date:



## Referral for Readmission Graduate

Instructions for the applicant: Please complete this section of the Referral for Readmission identical to the information completed on the Application for Readmission. Contact the department regarding additional materials that may be required. The Office of Admissions will detach this referral form and forward it to the proposed department for a decision on your readmission to the University of Florida.										
Legal Name: Last/Family/Suri	iddle	UFID:								
				-						
Permanent Mailing Address: (	include street and number, city, state	e and zip)		Phone Number:						
				( ) <del>-</del>						
Current Mailing Address: (inc		E-mail Address:								
Date of Birth:	Citizenship:	Non-U.S. citizens only: Are you	u a permanent resid	ent alien?						
/ / / United States ☐ Other: ☐ United States ☐ No. What visa do you presently hold? ☐ No. What visa do you presently hold?										
Veteran Status: Are you a member or veteran of the U.S. military? Yes: Active Duty Yes: Veteran No If "Yes", check the box to the right if you served on or after September 11, 2001 Are you eligible to receive VA educational benefits as the spouse or dependent child of a veteran of the U.S. military? Yes No										
Readmission for Graduate School  Indicate the term and year you desire for readmission: Term (Summer A/C, Summer B, Fall, Spring): Year:										
Indicate the college and prog	ram/major for readmission: Colle	ge:	Program/Major:							
Select the degree y	ou desire to obtain:	Master's Engineer	Doctor	SpecialistPhD						
What term and year was your last enrollment at UF? Term (Summer A/C, Summer B, Fall, Spring): Year:										
What college and program/major were you last enrolled? College: Program/Major:										
Instructions for the Depart	tment									
	e authorized signature(s) and ret notification of the decision.	urn this form to the Office of Adm	issions, PO Box 114	000, 201 Criser Hall.						
Approve	d readmission to prior program (	requires department signature)								
Approve	d readmission to a new program	(requires department and college	e signatures)							
Cancelled (requires departmental signature)										
Denied (requires departmental signature)										
Si	Signature of Authorized Department Representative									
		Date								
The appropriate signature(s) are required for readmission to the University of Florida.										

All applicants who meet requirements and standards will be considered equally for admission to any academic program, regardless of race, color, religion, gender, marital status, beliefs, age, national origin, sexual orientation or physical or mental disabilities.