

Instructions: Professional School Readmission applies to students who have attended the University of Florida as a professional 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 professional 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 32602-2946. Phone: (352) 392-1365

Last/Family/Surname	First/Given Name	Middle	Social Security Number: - -	UFID: -
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:
Date of Birth: ____/____/____ month day year	Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	Non-U.S. citizens only: Are you a permanent resident alien? <input type="checkbox"/> Yes. Attach a copy of both sides of your permanent resident alien card. <input type="checkbox"/> No. What visa do you presently hold? _____		

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.

**Ethnicity:** 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      \_\_\_\_ White

**Veteran Status:** Are you a member or veteran of the U.S. military? \_\_\_\_ Yes \_\_\_\_ 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 Professional Program**  
 Indicate the term and year you desire for readmission: Term (Summer A/C, Summer B, Fall, Spring): \_\_\_\_\_ Year: \_\_\_\_\_  
 Indicate the college and program/major for readmission: \_\_\_\_ Dentistry \_\_\_\_ Doctor of Nursing Practice \_\_\_\_ Doctor of Pharmacy  
 \_\_\_\_ Law \_\_\_\_ Medicine \_\_\_\_ Physical Therapy \_\_\_\_ Physician Assistant \_\_\_\_ Veterinary Medicine  
 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: \_\_\_\_\_

**List all Colleges or Universities Attended.** Use additional paper, if necessary.

Office Use	Institution — include city and state	Major	From Month Year	To Month Year	Degrees Earned	Degrees Will Earn	Date Month Year
			/	/			/
			/	/			/

Indicate how you spent all time from last enrollment at the University of Florida. Use additional paper, if necessary.

Activity	Location — include city and state	From	To
		/	/
		/	/

**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.

Yes  No Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

Yes  No Have you ever been charged with a violation of the law which resulted in, or if still pending, could result in, probation, community service, a jail sentence, the revocation or suspension of your driver's license (including traffic violations which have resulted in a fine of \$200 or more)?

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

\_\_\_\_\_  
Date

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 12 consecutive months preceding the first day of classes of the term for which Florida residency is sought. Residence in Florida must be as a bonafide 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, permanent resident alien or legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services. Other persons not meeting the 12 month legal residence requirement 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 and the State Board of Education. 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 on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residence for tuition purposes requires the establishment of legal ties to the state of Florida. Students must verify that they have broken ties to other states if the student or, in the case for dependent students, his or her parent, has moved from another state.**

**Non-Florida Residents:** I understand that I do not qualify as a Florida resident for tuition purposes for the term to which I have applied. I also understand that if I should qualify for Florida residency in some future term, I must file the required documentation prior to the beginning of that term.

Signature (in ink)

UFID

Date

**Florida Residents:** Complete this section in full if you claim Florida residency for tuition purposes. **Attach required documentation (if any).**

- A copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence.
  - Dependent:** a person, whether or not living with his or her parent, who is eligible to be claimed by his or her parent as a dependent under the federal income tax code. **Independent:** a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, per the U.S. Department of Education for the purposes of federal aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence.
- A copy of marriage certificate is required in **all cases** of a spouse claiming a partner's residency.
  - A. I am an **independent person** and have maintained legal residence in Florida for at least the past 12 consecutive months.
  - B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least the past 12 consecutive months.
  - C. I am a **dependent person who has resided for five years** with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least the past 12 consecutive months. (**Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
  - D. I am **married to a person** who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (**Required:** Copy of marriage certificate and other documents required to establish residency.)
  - E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
  - F. According to the U.S. Citizenship and Immigration Services, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least the past 12 consecutive months. (**Required:** USCIS documentation and proof of Florida residency status.)
  - G. I am a **member** (or the spouse/dependent child of) of the **Armed Services of the United States**, and am currently stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida. (**Required:** Copy of military orders or DD2058 showing home of record.)
  - H. I am a full-time instructional or administrative employee (or the spouse/dependent child of) **employed by a Florida public school, community college or institution of higher education.** (**Required:** Copy of employment verification.)
  - I. I am part of the **Latin American/Caribbean Scholarship Program.** (**Required:** Copy of scholarship papers.)
  - J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.1009.98, F.S.) (**Required:** Copy of Florida prepaid recipient card.)
  - K. I am a U.S. citizen (or the spouse/dependent child of) **living on the Isthmus of Panama** and have completed 12 consecutive months of college work at the FSU Panama Canal Branch. (**Required:** Copy of marriage certificate or proof of dependency.)
  - L. I am a **Southern Regional Education Board's** Academic Common Market graduate student. (**Required:** Certification letter from state coordinator.)
  - M. I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
  - N. I am a **McKnight Fellowship recipient.** (**Required:** Verification from graduate studies.)
  - O. I am an active member of the **Florida National Guard** who qualifies under s.250.10 (7) and for the tuition assistance program.
  - P. I am an **active duty member** (or the spouse/dependent child of) of the **Armed Services of the United States** attending a public college or university within 50 miles of the military establishment where the member is stationed, if such a military establishment is in a county contiguous to Florida.
  - Q. I am an **active duty member** (or spouse/dependent child of) of the **Canadian military** residing or stationed in this state under the North American Air Defense (NORAD) Agreement, attending a public college or university within 50 miles of the military establishment where the active duty member is stationed.
  - R. I am a U.S. citizen living outside the U.S. who is **teaching at a Department of Defense Dependent School or in an American International School** and who has enrolled in a graduate-level education program that leads to a Florida teaching certificate.
  - S. I am an **active duty member** (or spouse/dependent child of) of a **foreign nation's military who is serving as a liaison officer.** I am residing or stationed in Florida and attending a public college or university within 50 miles of the military establishment where I am stationed.

**Person claiming residency must complete this section in full.**

- Documents supporting the establishment of legal residence must be dated, issued, or filed **12 months before the start** of the term.
- Additional documentation also may be requested. All documentation is subject to verification.

**PLEASE PRINT**

1. Name of Student: \_\_\_\_\_ 2. UFID: \_\_\_\_\_

3. Name of person claiming Florida residency: \_\_\_\_\_ 4. Claimant's relationship to student: \_\_\_\_\_

5. Claimant's permanent legal address: \_\_\_\_\_  
 Street / PO Number / Apartment

6. ( ) \_\_\_\_\_  
 Claimant's telephone number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Date claimant began establishing legal Florida residence and domicile: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Claimant's voter registration State: \_\_\_\_\_ Number: \_\_\_\_\_ County \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Claimant's driver's license State: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Claimant's vehicle registration State: \_\_\_\_\_ Tag Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Non-U.S. citizen only Resident alien number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Copy of both sides of card required)

**I do hereby swear or affirm** that the above-named student meets all the requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes.

Signature (in ink) of person claiming Florida residency as listed on Item #3 above

Date



## PROGRAM DIRECTORY

Fisher School of Accounting	352-273-0200	<a href="http://www.cba.ufl.edu/fsoa">www.cba.ufl.edu/fsoa</a>
College of Agricultural and Life Sciences	352-392-2251	<a href="http://www.cals.ufl.edu">www.cals.ufl.edu</a>
M.E. Rinker Sr. School of Building Construction	352-273-1150	<a href="http://www.bcn.ufl.edu">www.bcn.ufl.edu</a>
Warrington College of Business Administration	352-392-2397	<a href="http://www.cba.ufl.edu">www.cba.ufl.edu</a>
College of Dentistry	352-273-5955	<a href="http://www.dental.ufl.edu">www.dental.ufl.edu</a>
College of Design, Construction and Planning	352-392-4836	<a href="http://www.dcp.ufl.edu">www.dcp.ufl.edu</a>
College of Education	352-392-0728	<a href="http://www.coe.ufl.edu">www.coe.ufl.edu</a>
College of Engineering	352-392-6000	<a href="http://www.eng.ufl.edu">www.eng.ufl.edu</a>
College of Fine Arts	352-392-0207	<a href="http://www.arts.ufl.edu">www.arts.ufl.edu</a>
School of Forest Resources and Conservation	352-846-0850	<a href="http://www.sfrc.ufl.edu">www.sfrc.ufl.edu</a>
College of Health and Human Performance	352-392-0578	<a href="http://www.hhp.ufl.edu">www.hhp.ufl.edu</a>
Center for Latin American Studies	352-392-0375	<a href="http://www.latam.ufl.edu">www.latam.ufl.edu</a>
College of Journalism and Communications	352-392-0466	<a href="http://www.jou.ufl.edu">www.jou.ufl.edu</a>
Levin College of Law	352-273-0890	<a href="http://www.law.ufl.edu">www.law.ufl.edu</a>
College of Liberal Arts and Sciences	352-392-0780	<a href="http://www.clas.ufl.edu">www.clas.ufl.edu</a>
College of Medicine	352-392-4569	<a href="http://www.med.ufl.edu">www.med.ufl.edu</a>
School of Natural Resources and Environment	352-392-5870	<a href="http://www.snre.ufl.edu">www.snre.ufl.edu</a>
College of Nursing	352-273-6400	<a href="http://con.ufl.edu">con.ufl.edu</a>
College of Pharmacy	352-273-6312	<a href="http://www.cop.ufl.edu">www.cop.ufl.edu</a>
College of Public Health & Health Professions	352-273-6379	<a href="http://www.phhp.ufl.edu">www.phhp.ufl.edu</a>
College of Veterinary Medicine	352-392-2213	<a href="http://www.vetmed.ufl.edu">www.vetmed.ufl.edu</a>
Distance Learning	352-392-1711	<a href="http://www.distantlearning.ufl.edu">www.distantlearning.ufl.edu</a>

# Referral for Readmission Professional

**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/Surname	First/Given Name	Middle	Social Security Number: - -	UFID: -
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:
Date of Birth: ____ / ____ / ____ month day year	Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	Non-U.S. citizens only: Are you a permanent resident alien? <input type="checkbox"/> Yes. Attach a copy of both sides of your permanent resident alien card. <input type="checkbox"/> No. What visa do you presently hold? _____		

**Veteran Status:**

Are you a member or veteran of the U.S. military? \_\_\_\_ Yes \_\_\_\_ 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 Professional Program**

Indicate the term and year you desire for readmission: Term (Summer A/C, Summer B, Fall, Spring): \_\_\_\_\_ Year: \_\_\_\_\_

Indicate the college and program/major for readmission:

____ Dentistry	____ Doctor of Nursing Practice
____ Doctor of Pharmacy	____ Law
____ Medicine	____ Physical Therapy
____ Physician Assistant	____ Veterinary Medicine

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 Department**

Select a decision, obtain the authorized signature(s) and return this form to the Office of Admissions, PO Box 114000, 201 Criser Hall.

**Please send the applicant notification of the decision.**

- \_\_\_ Approved readmission to prior program (requires department signature)
- \_\_\_ Approved readmission to a new program (requires department and college signatures)
- \_\_\_ Cancelled (requires departmental signature)
- \_\_\_ Denied (requires departmental signature)

\_\_\_\_\_  
Signature of Authorized Department Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized College 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.