

Term and year of registration: Fall-August _____ Spring-January _____ Summer A/C-May _____ Summer B-June _____

(This form is valid only for term indicated)

UFID – This will be your official student number as assigned by the university. _____ Social Security Number: _____

Exact legal name: _____
Last/Family First Middle Birthname - Optional

Gender and ethnic background information are requested by federal regulation and will not influence your registration in any way.

Gender: Male Female

Ethnic Background:

Question 1: Are you Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino

No matter what you selected above, please continue to answer the following, if applicable, by marking one or more boxes to indicate what you consider your race to be.

Question 2: How would you describe yourself? (Select one or more)

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Date of Birth: _____ Mo _____ Day _____ Yr

Nation of Citizenship: _____ Non-U.S. only: Resident Alien Alien (List Visa Category _____)

Local Phone Number: _____

Current Address: _____
Number and Street City County State Zip Code

Permanent Address: _____
Number and Street City County State Zip Code

E-Mail Address: _____ GatorLink E-Mail Address: _____

What is the highest degree you currently hold?

- None High School Diploma Associate of Arts Associate of Science Bachelor's Engineer
 Master's Specialist Ed.D. Professional (JD, MD, DVM, DDM) Ph.D.

High school attended: _____

Last postsecondary institution attended and date(s) of attendance: _____
Name City State

If you have previously attended the University of Florida, in any capacity, please list term(s) and year(s) of attendance: _____

Are you currently enrolled at another institution? Yes No Have you ever applied for regular admission to the University of Florida? Yes No

If yes, what is/was the status of your application? Approved Denied Other (indicate): _____

Are you in good standing and eligible to re-enter your last-attended college or university? Yes No

Students not in good standing or under suspension from any institution may not register for nondegree coursework.

Has any court or school authority found you to have disrupted or interfered with the orderly conduct, processes, functions or programs of any educational institution?

Yes No If yes, give details: _____

Are you currently charged or have you ever been convicted of a crime (even if adjudication was withheld) other than offenses involving \$50 or less? Yes No

If yes, give the date, name of court, nature of offense and penalty imposed: _____

I understand that this application is for the term indicated only and does not imply acceptance for a future term. I certify that the information on this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency affidavit may result in disciplinary action and invalidation of credits earned. If permitted to register, I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the University of Florida.

Student's signature _____ Date _____

All students: Signature of the dean of the UF college offering the course(s): _____

College dean's or representative's signature _____ College _____ Date _____

Visiting international students only: Signature of the director of the Office for International Studies and Programs: _____

Director's Signature _____ Date _____

Applicants seeking to qualify for Florida residency for tuition purposes must complete and return the residency affidavit on the back of this form. Failure to do so will result in the assessment of course fees for a non-Florida resident.

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 months. 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 Bureau of Citizenship and Immigration Services. Other persons not meeting the twelve-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 Florida 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.

Non-Florida Residents: I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. If I should qualify for a future term, I will file the required documentation before the beginning of the term for which I am seeking Florida residency.

Signature (in black ink) _____ UFID _____ Date _____

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

- A notarized copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence. **Dependent:** a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service. **Independent:** a person who provides more than 50% of his/her own support.
- 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 12 months.
- B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 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 12 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 12 months. I now have established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage certificate, claimant's voter registration, driver's license, and vehicle registration.)
- 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 United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and I have maintained a domicile in Florida for at least 12 months. (Required: INS documentation and proof of Florida residency status.)
- G. I am a **member of the armed services** of the United States and am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am the member's **spouse or dependent child**. (Required: Copy of military orders or DD2058 showing home of record.)
- H. I am a full-time instructional or administrative employee **employed by a Florida public school, community college or institution of higher education** or I am the employee's **spouse or dependent child**. (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. 240.551, F.S.)
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (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 duty member of the **Florida National Guard** who qualifies under s.250.10 (7) and (8) for the tuition assistance program.
- P. I am an **active duty member** (or spouse of) of the **Armed Services of the United States** attending a public community 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 of Florida.
- Q. I am an **active duty member** (or spouse or dependent child of) of the **Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is 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 first day of classes** of the term for which a Florida resident classification is sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

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 / P.O. 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, and to B.O.E. Rule 6C-6.001(6, F.A.C.)

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