

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 32627-2946. 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: 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 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		To		Degrees Earned	Degrees Will Earn	Date	
			Month	Year	Month	Year			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.

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?

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 \_\_\_\_\_

\* 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).

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.

**PLEASE PRINT if submitting hard copy.**

Name of Student: \_\_\_\_\_ UFID: \_\_\_\_\_  
 Student is a:  U.S. Citizen  Non-U.S. Citizen  Permanent Resident  Other Date of Birth: \_\_\_\_\_  
 Alien Registration Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Visa Category: \_\_\_\_\_

*All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration Services office.*

**NON-FLORIDA RESIDENT**

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s. 1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form except for the signing below.

Student Name: \_\_\_\_\_ UFID: \_\_\_\_\_  
 Signature of Student: (Electronic or ink): \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:**

I qualify as a **resident** for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: *(select one of the options below):*

- I am a **dependent student**, 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 **independent person** 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 the 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 purposes 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 students will be required to verify independence *(including financial independence.)* 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):

**TERM OF APPLICATION:** (check one):  FALL  SPRING  SUMMER YEAR: 20 \_\_\_\_\_

**QUALIFICATION BY EXCEPTION (to be completed by the student)**

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

- I am a **qualified beneficiary** under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes.) **(Required: Copy of Florida Prepaid Recipient card)**
- 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/or other documents required to establish residency.)**
- I was **previously enrolled at a Florida state postsecondary institution** and classified as a Florida resident for tuition purposes. I am **transferring** to another Florida state postsecondary institution within 12 months of the previous enrollment.
- I was **previously enrolled at a Florida state postsecondary 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.**
- Active duty members** of the Armed Services of the United States residing in this state and their spouses and 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 institution or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. **(Required: Copy of military orders)**
- United States citizens **living on the Isthmus of Panama** who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. **(Required: Copy of marriage certificate or proof of dependency.)**
- Full-time instructional and administrative personnel **employed by state public schools and institutions of higher education** and their spouses and dependent children. **(Required: Employment verification)**
- Students from **Latin America and the Caribbean** who receive scholarships from the federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. **(Required: Proof of scholarship and Latin America or Caribbean residency)**

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- Southern Regional Education Board's Academic Common Market** graduate students attending Florida's state universities. *(Required: Certification letter from State Academic Common Market Coordinator)*
- Full-time employees of state agencies or political subdivisions of the state** when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. *(Required: Employment verification/payment agreement)*
- McKnight Doctoral Fellows and Finalists** who are United States citizens. *(Required: Verification from graduate studies)*
- United States citizens **living outside the United States** who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program that leads to a Florida teaching certificate. *(Required: Proof of enrollment in graduate [program for FL teaching certificate])*
- Active duty members** of the **Canadian military** residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they 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** and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. *(Required: Proof of active duty membership for specified purpose)*

**TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FL RESIDENCY:**

**NOTE:** If the student is a **dependent**, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is **independent**, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.

Claimant/Name of Person Claiming FL Residency: \_\_\_\_\_  
 Claimant's Relationship to Student: \_\_\_\_\_  
 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 written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

**A. Claimant must provide at least one of the following of his/her personal documentation:**

- Florida voter's registration card number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Florida driver's license number: \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Florida State identification card number: \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Florida vehicle registration number: \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Proof of permanent home in Florida occupied as primary residence for 12 consecutive months prior to the student's enrollment. *(Required: Document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration)*
- Proof of a homestead exemption in Florida. *(Required: Document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence)*
- Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months. Dates of Attendance: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. *(Required: Transcript)*
- Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. *(Required: Pay stubs or W-2 form for past 12 consecutive months and/or verification from employers, and/or an IRS 1099 with verification of employment for the past 12 consecutive months from an employer)*

**B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):**

- Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes
- Florida professional or occupational license  Florida incorporation
- Document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization
- Any other documentation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

**RESIDENCY DECLARATION:**

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my status as a Florida resident for tuition purposes.

Student Name (Please Print): \_\_\_\_\_ UFID: \_\_\_\_\_  
 Claimant Name (if not the Student): \_\_\_\_\_  
 Signature of Claimant (Electronic or ink): \_\_\_\_\_ Date: \_\_\_\_\_

**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: 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 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:

<input type="checkbox"/> Dentistry	<input type="checkbox"/> Doctor of Nursing Practice
<input type="checkbox"/> Doctor of Pharmacy	<input type="checkbox"/> Law
<input type="checkbox"/> Medicine	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> 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.

\* 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).