

OFFICE OF ADMISSIONS 4202 East Fowler Avenue, SVC 1036 Tampa, FL 33620 Telephone: +001 (813) 974-3350 Fax: +001 (813) 974-9689 Email: admissions@usf.edu Web: www.usf.edu/admissions

To Apply Now Apply online:

The online application is the preferred application method. To apply online, go to **www.usf.edu**. Click "Apply - Undergraduate" and follow directions. The non-refundable application fee for applying online is \$30.

Apply by mail:

- □ Complete each item. An incomplete application may delay the processing of your application.
- □ Complete the Florida Residency Statement attached to the application.
- Return your application to the address above. You will receive an email notification once your application had been received and instructed on how to submit the \$30 payment by using a credit card, debit card, or e-check – **do not mail in a check or cash.**

NOTE: The University of South Florida protects the social security numbers of all individuals which are in its possession. As required by Florida law (119.071 (5)), USF provides written notice to persons of the potential uses for the number at http://it.usf.edu/standards/ssn.

Freshman applicants

What to submit:

- □ SAT or ACT scores. International students must submit TOEFL score.
- D Official high school transcripts and transcripts from all post-secondary institutions you have attended.
- D Official copies of Advanced Placement and International Baccalaureate scores.

Freshman application deadlines (Summer & Fall Terms)

Freshman students who apply to USF after the following deadlines will be given admissions consideration on a space-available basis.

- March 1 Application deadline
- April 15 Final application deadline

Transfer applicants

What to submit:

- □ If you have an A.A. degree from a Florida public institution or 60 or more semester hours (90 quarter hours) of transferable credit (as evaluated by USF), have official transcripts sent to USF from each college/university you have attended, or are currently attending.
- □ If you will have 30-59* semester hours (90 quarter hours) of transferable credit (as evaluated by USF), have transcripts sent from each college/university you have attended, or are currently attending. Also have your official high school transcript and ACT (#0761) and/or SAT (#5828) scores sent directly to us.

*Transfer applicants must have at least 30 semester hours of transferable credit to be considered for admission.

Transfer application deadlines

Transfer students are admitted on a rolling (continuous) basis. Applications and supporting academic credentials (transcripts/ test scores) must be received by the deadline dates listed below. Applications received after these deadlines will be given admission consideration on a space-available basis.

- October 1 To enter Spring Semester (January)
- March 1 To enter Summer (May-June)
- June 1 To enter Fall Semester (August)

All items subject to change.



LEGAL NAME (LAST, FIRST, MIDDLE)	LAST, FIRST, MIDDLE) SOCIAL SECURITY NUMB		R IIIIIII					
FORMER NAMES (list any first or last names under which transcripts or other records may be issued)								
ADDRESS (STREET, NUMBER, APT.)			COUNTY					
CITY, STATE, ZIP	PRIMARY TELEPHONE ()		EMAIL ADDRESS					
in case of emergency notify: NAME			RELATIONSHIP					
ADDRESS (STREET, NUMBER, APT.)	CITY, STATE, ZIP			TELEPHONE ()				
NATION OF CITIZENSHIP U.S. OTHER*			· · · · ·	ACV				
		, ,						
	TE OF BIRTH	_// DAY YEAR	NATIVE LANGUA	.GE				
Each SUS institution 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.								
WHAT IS YOUR ETHNICITY? HISPANIC OR LATINO NON-HISPANIC OR LATINO								
WHAT IS YOUR RACE? PLEASE CHECK ONE OR MORE THAT APPLY.								
□ ASIAN □ BLACK OR AFRICAN AMER	ICAN DHAWA	IIAN/PACIFIC ISLANDER	□ WHITE/CAUC	ASIAN				
FOR WHICH CAMPUS DO YOU SEEK ADMISS	ION? TAMPA	□ ST. PETERSBURG	□ SARASOTA/	MANATEE				
FOR WHICH TERM DO YOU SEEK ADMISSIO	N? AUGUST, 20	JANUARY, 20	MAY, 20 _	JUNE, 20				
APPLYING AS: Greshman	□ TRANSFER	□ 2ND BACHELOR'S DE	GREE 🗖 F	FORMER STUDENT RETURNING				
WHAT IS YOUR PLANNED MAJOR?								

If your answer to any of the following is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You are required to furnish the university with copies of all official documents explaining the final disposition of the proceedings. **Failure to answer these questions will delay an admissions decision**.

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? TYES TO NO

Have you ever been charged with a violation of the law, misdemeanor and/or felony(even if adjudication was withheld) which resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffice violations which only resulted in a fine)? \square YES \square NO

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 to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any risk of disciplinary action or revocation of your offer of admission.

HIGH SCHOOL NAME	GRADUATION DATE	ALL DATES TESTS TAKEN OR PLANNED								
HIGH SCHOOL CITY AND STATE	HIGH SCHOOL PHONE NUMBER	AC SAT TO	Г _	MONTH/Y MONTH/Y	EAR	N	IONTH/YEAI IONTH/YEAI	R	M	ONTH/YEAR ONTH/YEAR
6 DIGIT CEEB CODE (OPTIONAL)	IF HIGH SCHOOL COMPLETED BY GED PLEASE ENTER YEAR	O BY GED. Clast		MONTH/YEAR MONTH/YEAR		MONTH/YEAR MONTH/YEAR			MONTH/YEAR MONTH/YEAR	
YOU MUST PROVIDE AN OFFICIAL TRANSC	RIPT FROM EACH POSTSECONDARY SCHOC	DL, COL	LEGE (OR UNI	VERSIT	Y YOU	HAVE	ATTE	NDED	
Please list in chronological order every postsecondary institution (including dual enrollment) you have attended or will attend prior to entering this university. You must include schools even if you did not complete a term. Include this university if you attended previously. For multi-campus institutions, in- clude the specific campus. Failure to list all institutions could result in your application being denied or your admission being rescinded. Use a separate sheet if necessary.			Enter dates of attendance (including present enrollment) and degrees earned or expected before attending this university. Include Associate Degrees, certificates or diplomas.				or exp	credit earned pected from institution ded.		
SCHOOL (Please do not abbreviate)	CITY/STATE OR NATION		DATES OF AT		NCE	DEGREE/I			CREDIT HOURS	
		MO	YR	мо	YR VR	TYPE	MO	YR	NUMBER	UNIT (SEM/QTR.)

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PLEASE PROVIDE THE NAMES OF PEOPLE IN YOUR IMMEDIATE FAMILY WHO HAVE ATTENDED USF						
1. Name: Relationship:	2. Name: Relationship:					
IN ADDITION TO ENGLISH, WHAT LANGUAGES DO YOU SPEAK FLUENTLY: Language years spoken Langu	age years spoken					
HAVE YOU PARTICIPATED IN ANY PROGRAMS OR ACTIVITIES TO HELP YOU Search, Upward Bound, Junior Achievement, 4-H, etc.)? Please list all programs that apply EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES. (Attach addit a. Extracurricular activities: List your organizations, position, description of the activity, an b. Community service work: List the type of work, your role, and hours per week of involv c. Talents and awards: List each, a description, the level, and number of years of involveme d. Employment: List the job, your title, description, hours per week, and dates of employm	DPREPARE FOR HIGHER EDUCATION (e.g. University Outreach, Talent onal sheets) d hours per week of involvement. ement. nt.					
Are you currently serving in the U.S. Armed Forces (including the National Guard or Activ						
Have you ever served in the U.S. Armed Forces (including the National Guard or Active/In	active Reserves)? □ Yes □ No] No					
The information requested below is optional, but it may assist in the review of your admiss 1. Parent or legal guardian occupations FATHER:						
 Please indicate the highest level of your parent's or legal guardian's educational backgrou FATHER/LEGAL GUARDIAN: High School □ No □ Some Diploma/Degree	MOTHER/LEGAL GUARDIAN: High School □ No □ Some Diploma/Degree					
PRESENT HIGH SCHOOL/COLLEGE ENROLLMENT If you are currently enrolled in a high school, college, or university, list all high school and university. Use a separate sheet if necessary. If you are NOT currently enrolled and do not o						
COURSES IN WHICH YOU ARE NOW ENROLLED	COURSES YOU EXPECT TO COMPLETE BEFORE ENTERING					
Name of institution:	Name of institution:					
FOR NON-U.S. CITIZENS ONLY City and country of birth What VISA do you presently hold? F1 F2 J1 J2 NONE Which institution issued your last I-20?	What VISA are you applying for? F1 F2 J1 J2 NONE Did you attend? YES NO					

I understand that this application is for admission to the University of South Florida System (USF) and is valid only for the term indicated. I also understand and agree that I will be bound by USF's regulations concerning application deadline dates and admission requirements. I agree to the release of any secondary or postsecondary transcripts and related credentials, including immunization records and standardized test scores (SAT-1, SAT-II, ACT, GRE, GMAT, IELTS, TOEFL, etc.), to the University of South Florida; furthermore, I authorize USF to contact any secondary and/or postsecondary institution that I have attended for the purposes of confirming receipt of the official records needed to complete my application and discussing any subsequent admission or scholarship decision.

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Florida Board of Governors and the rules and regulations of the University of South Florida System. Should any of the information I have given change prior to my enrollment at the institution, I shall immediately notify the Office of Admissions.

I understand that the required application fee is not refundable.

Applicant's Signature (in ink)

Date____

Events, activities, programs and facilities of the University of South Florida are available to all without regard to race, color, marital status, sex, sexual orientation, religion, national origin, disability, age, Vietnam or veteran status as provided by law and in accordance with the University's respect for personal dignity.



Undergraduate Application for Admissions • page 3 Residency Classification Affidavit

Rule

A Florida iresident for tuition purposesi 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 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, permanent resident alien, or legal alien granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes, 1 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 and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification.

Signature (in ink)

Please Print

Date

Florida Residents

This section must be completed in full if you claim Florida residency for tuition purposes. Attach copies (if any) of document(s) required. A notarized copy of your and/or your parentsí 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 provided more than 50% of his/her own support. A copy of marriage certificate is required in all cases of spouse claiming partners'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 have now established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage certificate, claimantís voter registration, driverís 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 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 I am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a memberis 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.) and not otherwise eligible.

____ (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 studentis spouse or dependent child. (Required: Copy of marriage certificate or proof of dependency.)

(L) I am a full-time employee of a state agency or a 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.

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. Student Social Security Number:	//	
3. Name of person claiming Florida residency:	4. Claimantís relationship to s	tudent:	
5. Claimantís permanent legal address:	6. C	Claimantís telephone number:())
7. Date claimant began establishing legal Florida residence and domicile:/	/		
8. Claimantís Voter registration: State: Number:	County:		_ Issue Date://
9. Driverís License: State Number Issue Date/	_/ 10. Vehicle registration: State T	ag Number	Issue Date://
11. Non-U.S. Citizen only: Resident Alien Number:	Issue Date:/_	/ (Copy of card require	red.)
I do hereby swear or affirm that the above named student meets all requirements i tuition purposes. I understand that a false statement in this affidavit will subject n 6C-6.001(60.R.A.C.).	ne to the penalties for making a false stateme		

Date

Signature of person claiming Florida Residency (as listed in Item #3 above)