

<p>14. Have you previously submitted an application to UWF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the Semester _____ and Year _____. If yes, indicate the type of application: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Degree <input type="checkbox"/> Doctoral Were you admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. If previously admitted to a graduate program and haven't graduated, do you wish to remain in the original program of study if admitted to new program of study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>16. Native Language _____ Country of Citizenship _____</p>
--	---	--

17. For permanent resident alien only:
 If a permanent immigrant, enter you alien registration number in the space provided. **You must provide a photocopy of your Alien Registration card** (both sides) or a copy of your passport showing proof of admission as a lawful permanent resident.

Alien Registration Number _____

18. **EMPLOYMENT/ACTIVITY RECORD:** If the time since graduation from college (except summers) is not completely accounted for by your answers to question 13, indicate below how you have spent the last two years (employment, military service, etc.). *Attach additional sheet if necessary.*

Occupation	Address (City and State)	Dates			
		From		To	
		Month	Year	Month	Year

19. If you have taken any of the following tests, indicate below.

<input type="checkbox"/> GRE (Graduate Record Examination)	Date _____	Verbal _____	Quantitative _____	Analytical _____
<input type="checkbox"/> GMAT (Graduate Management Admission Test)	Date _____	Verbal _____	Quantitative _____	Total _____
<input type="checkbox"/> Other _____	Date _____	_____		

Please note that these scores must be verified by submission of score reports from the testing agency.

20. 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 may be required to furnish the University with copies of all official documents explaining the final disposition of the proceedings.

a) Yes No Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any college, university or other institution of higher education?

b) 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 license (including traffic violations which 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 to 20a or 20b, 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 understand that this application is for admission to the University of West Florida and is valid only for the semester indicated in item 11 on page 1. I also understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements. I further agree to the release of any transcripts and test scores to this institution, including any GRE or GMAT score reports that this institution may request.

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

I understand that the \$30 application fee is non-refundable.

Applicant's Original Signature (in ink)	U.S. Social Security Number	Date
---	-----------------------------	------

12. If you have taken any of the following tests, indicate below.

GRE (Graduate Record Examination) Date _____ Verbal _____ Quantitative _____ Analytical _____
 GMAT (Graduate Management Admission Test) Date _____ Verbal _____ Quantitative _____ Total _____
 Other _____ Date _____

Please note that these scores must be verified by submission of score reports from the testing agency.

13. College-level courses for which you are now enrolled and/or expect to complete before entering this University. *Attach additional sheet if necessary.*
 If none, check here .

Name of Institution	Course Title	Course Number	Date Course Will End	Credit Value (Specify Unit)

14. Are you certified to teach? Yes No If yes, specify years of experience _____ and present certificate type _____ State _____

15. Will you apply for a graduate scholarship or assistantship from your major department at UWF? Yes No

16. Provide a brief statement (on a separate sheet) regarding your selection of this University to pursue your educational objectives.

17. If there is additional information not covered by the items on this application that you feel should be considered in reviewing your application, please include such information on an attached sheet.

COLLEGE OF BUSINESS APPLICANTS ONLY:

Please answer the following essay questions on a separate sheet.

1. Why are you seeking a graduate degree?
2. Describe personal and professional achievements within the last five years which indicate your potential for a successful business career.
3. What career are you considering?
4. Provide any other relevant information to support your application.
5. List the names, positions, addresses, and telephone numbers of the two people you have asked to submit recommendations in support of your application.

1. _____
 Name _____ Position _____

 Address _____ Telephone Number _____

2. _____
 Name _____ Position _____

 Address _____ Telephone Number _____

INFORMATION FOR RESIDENCY CLASSIFICATION

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 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 U.S. Citizenship & Immigration Services. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida resident for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Governors. 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 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 in order to be considered for Florida residency classification.

Signature in ink _____ Date _____

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes.

ATTACH COPIES OF DOCUMENTATION REQUIRED

- 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 spouse claiming 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.
D. I am married to a person who has maintained legal residence in Florida for at least 12 months.
E. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes.
F. According to 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 twelve months.
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 member's spouse or dependent child.
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.
I. I am part of the Latin American/Caribbean Scholarship Program.
J. I am a qualified beneficiary under the terms of the Florida Prepaid College Program.
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.
L. I am a Southern Regional Education Board's Academic Common Market graduate student.
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.
O. I am an active 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 the spouse/dependent child of the member) 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 military establishment is within a county contiguous to Florida.
Q. I am an active duty member (or the spouse or dependent child of the member) of the Canadian military residing or stationed in this state 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.
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 which leads to a Florida teaching certificate.
S. I am an active duty member (or spouse/dependent child of the member) of a foreign nation's military who is serving as a liaison officer. I am residing or stationed in Florida and attending a community college or state university within 50 miles of the military establishment where I am stationed.

PERSON CLAIMING RESIDENCY SHOULD 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.
PLEASE PRINT.

1. Name of Student: _____ 2. Student's Social Security Number: ____/____/____
3. Name of person claiming Florida residency: _____ 4. Claimant's relationship to student: _____
5. Claimant's permanent legal address: _____ 6. Claimant's telephone number:(____) _____

Street / P.O. Number Apt. No. City State Zip code

7. Date claimant began establishing legal Florida residence and domicile: ____/____/____
8. Claimant's voter registration: State: _____ Number: _____ County: _____ Original Issue date: ____/____/____
9. Claimant's driver license: State: _____ Number: _____ Original Issue date: ____/____/____
10. Claimant's vehicle registration: State: _____ Tag Number: _____ Original Issue date: ____/____/____
11. Non-U.S. Citizen only: Resident Alien Number: _____ Original Issue date: ____/____/____
(Copy of both sides of card required.)

I do hereby swear or affirm that the above named student meets all 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 FBOE Rule 6C-6.001(6) FAC.

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