

For students who attended UWF as a degree-seeking undergraduate or graduate student, have not attended for 1 year (three consecutive semesters), and desire to return to the same program. Undergraduates can use this application to change their major upon readmission only if the UWF GPA is 2.00 or above. Graduate students must complete a new graduate application (click here) to change their major.

Catalog year automatically updates for readmitting students. Contact your major department for changes in degree requirements.

Note: A student under academic suspension must also submit a request for reinstatement to the Dean of the college suspending the student. Contact the Deans Offices for reinstatement deadlines.

Social Security Number: _____ - _____ - _____ Check one: ___ Undergraduate ___ Graduate (same major)

Undergraduate Major: _____

Readmission Semester (complete year): August, 200____ January, 200____ May, 200____

Name: _____
 Last First Middle Maiden

Current Address: _____
 Street City State Zip Code

Permanent Address: _____
 Street City State Zip Code

Home Phone: (_____) _____ Business Phone: (_____) _____ Email: _____

List all College and Universities attended since last UWF enrollment. Official transcripts must be submitted to the Office of Admissions by the first day of classes of the semester noted above.

<u>Institution</u>	<u>City/State</u>	<u>Dates</u>	<u>Total hours Earned</u>	<u>Degree Earned</u>

Are you in good standing at the school(s) listed above? Yes_____ No_____

List other activities during the last two years (employment, military service, etc.)

<u>Activity</u>	<u>City/State</u>	<u>Beginning Date</u>	<u>Ending Date</u>

Are you currently charged or have you been convicted or found guilty (even if adjudication withheld) of violating any federal or state law or municipal ordinance (excluding traffic offenses or minor offenses involving a fine of \$25 or less), or have you been charged with or are you subject to disciplinary action for scholastic or another type of misconduct at any educational institution since your last enrollment at UWF?

Yes _____ No _____ If Yes, give details:

REQUIRED: U.S. Citizens, please complete and sign the residency form on the next page.

Non-U.S. Citizens, please complete the following information in addition to the residency form on the next page.

Resident Alien Number: _____ Date Card Issued: _____

Non-U.S. Citizens- What VISA do you presently hold? F1___ F2___ J1___ J2___ None___ Other___ I-94 Expiration Date: _____

What VISA are you applying for? F1___ F2___ J1___ J2___ None___ Other___

I have read and understand the above requirements for readmission. I am aware that I am required to provide official academic transcripts to UWF and that my registration may be canceled should I fail to provide this or should my academic record indicate that current UWF regulations are not met. I hereby certify that the above information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of registration privileges and invalidation of credits. Should any of the information I have given change prior to my reentry to the University, I shall immediately notify the Office of Admissions.

Student's Signature: _____ Date: _____

Return signed form to: Office of Admissions, UWF, 11000 University Parkway, Pensacola, FL 32514 (850) 474-2230

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.

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 _____