

## To Apply Now

### Apply online:

The online application is the preferred application method. To apply online, go to [www.usf.edu](http://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.
- Official high school transcripts and transcripts from all post-secondary institutions you have attended.
- Official copies of Advanced Placement and International Baccalaureate scores.

### Freshman application deadlines

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

- To enter Summer (May-June), apply by March 1
- To enter Fall semester (August), apply by April 15

## 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 36-59\* 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 36 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.

- To enter Spring Semester (January), apply by November 15
- To enter Summer (May-June), apply by April 1
- To enter Fall Semester (August), apply by July 1

**All items subject to change.**



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 \_\_\_\_\_ Language \_\_\_\_\_ years spoken \_\_\_\_\_

HAVE YOU PARTICIPATED IN ANY PROGRAMS OR ACTIVITIES TO HELP YOU PREPARE FOR HIGHER EDUCATION (e.g. University Outreach, Talent Search, Upward Bound, Junior Achievement, 4-H, etc.)? Please list all programs that apply:

EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES. (Attach additional sheets)

- a. Extracurricular activities: List your organizations, position, description of the activity, and hours per week of involvement.
- b. Community service work: List the type of work, your role, and hours per week of involvement.
- c. Talents and awards: List each, a description, the level, and number of years of involvement.
- d. Employment: List the job, your title, description, hours per week, and dates of employment.

Are you an active duty service member?  Yes  No

Are you a veteran of the U.S. Military?  Yes  No

If yes to the above question, did you serve on or after 09/11/2001?  Yes  No

Are you eligible to receive VA educational benefits as the spouse or dependant child of a veteran?  Yes  No

The information requested below is optional, but it may assist in the review of your admission. You are strongly encouraged to complete this section.

1. Parent or legal guardian occupations FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

2. Please indicate the highest level of your parent's or legal guardian's educational background:

FATHER/LEGAL GUARDIAN:

High School  No  Some Diploma/Degree \_\_\_\_\_

College  No  Some Diploma/Degree \_\_\_\_\_

MOTHER/LEGAL GUARDIAN:

High School  No  Some Diploma/Degree \_\_\_\_\_

College  No  Some Diploma/Degree \_\_\_\_\_

3. Are you living in a single-parent home?  YES  NO

4. How many people, including yourself, live in your household? (Include brothers/sisters attending college) \_\_\_\_\_

5. Please indicate your family's gross income for the most recent tax year. Include both taxed and untaxed income.

Less than \$20,000  \$20,000 – \$39,000  \$40,000 – \$59,000  \$60,000 – \$79,000  more than \$80,000

6. Do you have family obligations that keep you from participating in extracurricular activities? YES  NO

a. I have to work to supplement family income. Please describe:

b. I provide primary care for family member(s). Please describe:

c. Other. Please describe:

**PRESENT HIGH SCHOOL/COLLEGE ENROLLMENT**

If you are currently enrolled in a high school, college, or university, list all high school and college level courses which you are now taking or expect to complete before entering this university. Use a separate sheet if necessary. If you are NOT currently enrolled and do not expect to complete any courses, check here:

**COURSES IN WHICH YOU ARE NOW ENROLLED**

Name of institution: \_\_\_\_\_

Title of course	Course no.	Date course ends		Credit hours (Sem./Qtr.)
		Month	Year	

**COURSES YOU EXPECT TO COMPLETE BEFORE ENTERING**

Name of institution: \_\_\_\_\_

Title of course	Course no.	Date course ends		Credit hours (Sem./Qtr.)
		Month	Year	

FOR NON-U.S. CITIZENS ONLY

City and country of birth \_\_\_\_\_

What VISA do you presently hold?  F1  F2  J1  J2  NONE

What VISA are you applying for?  F1  F2  J1  J2  NONE

Which institution issued your last I-20? \_\_\_\_\_

Did you attend?  YES  NO

If you are a permanent resident, enter the alien registration number: \_\_\_\_\_

*You must provide a photocopy of your Alien Registration card.*

**PLEASE READ AND SIGN THE FOLLOWING SECTION TO COMPLETE YOUR APPLICATION FOR ADMISSION**

I understand that this application is for admission only for the term indicated. I agree that I am bound by the University's regulations concerning application deadlines and admission requirements. I agree to the release of any transcripts and test scores to this institution, including any SAT, Achievement Test, and ACT score reports. I certify that this information is complete and accurate. I understand that making false or fraudulent statements within this application or residency statement will result in disciplinary action, denial of admission and invalidation of credit or degrees earned. If admitted, I agree to abide by the policies of the Board of Governors and the rules and regulations of the University. Should any information change prior to my entry into the University, I will notify the USF Office of Undergraduate Admissions. I understand that the application fee I submit with this application is a non-refundable fee.

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.

A Florida iresident for tuition purposes<sup>1</sup> 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 only if they fall within one of the limited special categories, authorized by the Florida Legislature and Board of Regents. All other persons are ineligible for classification as a Florida iresident for tuition purposes.<sup>1</sup> 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) \_\_\_\_\_ 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 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 provided 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. (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, 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 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 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.) 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 student's 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.

Please Print:

- 1. Name of Student: \_\_\_\_\_ 2. Student 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: (\_\_\_\_\_) \_\_\_\_\_
- 7. Date claimant began establishing legal Florida residence and domicile: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 8. Claimant's Voter registration: State: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 9. Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 10. Vehicle registration: State \_\_\_\_\_ Tag Number \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 11. Non-U.S. Citizen only: Resident Alien Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Copy 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 the penalties for making a false statement pursuant to 837.06, Florida Statutes, and to Board of Regents Rule 6C-6.001(60,R.A.C.).

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