

Student ID

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Birth Date

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Month Day Year

Semester

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Month Year

Gender

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Name: _____
Last First Middle/Maiden

Address: _____
Street & Number City State Zip County Telephone (include Area Code)

E-mail Address: _____
month / day / year

Emergency Contact:

Name: _____
Last First Middle/Maiden

Address: _____

1. Are you a citizen of the United States? Yes No
 Are you a U.S. permanent resident (Green Card Holder)? Yes No

What is your nation of Citizenship: _____

Visa Type (check one) F-1 F-2 J1 J2 Other _____

2. Ethnicity(Please check One): Hispanic or Latino Yes No

Race (please check all that apply): American Indian or Alaskan Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander White

3. Home Campus: Tampa St. Petersburg Sarasota Lakeland

4. Have you ever been charged with or subject to disciplinary action for scholastic or any other type of conduct at any educational institution? Yes No

5. Have you ever been arrested or charged with a violation of law which resulted in probation, community service, a jail sentence, revocation of your driver's license or in a fine of \$200.00 or more? Yes No

If your answer to either of the foregoing is "yes," you must submit a full statement of relevant facts on a separate sheet attached to this form, and you are required to furnish the university with copies of all official documents explaining the final disposition of the proceedings. If your records have been expunged pursuant to applicable law, you are not required to answer yes to this question. The University will undertake to expeditiously review your request for enrollment; however, your registration is conditional until the review is complete.

I certify that the above information is correct and complete and understand that falsifying or withholding information may result in disciplinary action and withdrawal from the University. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this University.

Applicant's Signature _____ Date _____

DO NOT WRITE IN THE SHADED BOX	
New <input type="checkbox"/>	FSR <input type="checkbox"/>
Continuing <input type="checkbox"/>	
Residency _____	
Initials _____	Date _____