



# Accelerated Five Year Program Application

## GRADUATE ADMISSIONS

4202 East Fowler Avenue, BEH 304, Tampa, FL 33620-8470

TEL: (813) 974-8800 FAX: (813) 974-7343

www.admissions.usf.edu

**International Student**

YES  NO

### STUDENT INFORMATION

University ID#: **U**

Legal Name:

Last Name

First Name

Middle Name

Street Address Apartment Number

City / State / Zip Code

Telephone Number (please include area code)

Fax Number (please include area code)

E-mail Address

*x*

Student's Signature

Date

### ATTACH SUPPORTING DOCUMENTATION

*Your undergraduate fellowships/scholarships or financial aid will no longer be disbursed once you achieve graduate status AT THE BEGINNING OF YOUR 5<sup>TH</sup> YEAR.* Bright Futures will pay for the undergraduate portion of graduate courses taken in undergraduate status if the courses are identified as part of your undergraduate requirements. The following checklist of supporting documentation must be attached.

1. A list of Fellowships and Scholarships (currently receiving). Student should contact Financial Aid.
2. A program of study, by semester, required to complete the Accelerated 5YR Program including shared undergraduate/graduate courses.
3. Current unofficial USF Transcript
4. Copy of the I-20 for International Students. International Student are required to contact International Student Scholar Services (ISSS).

### COLLEGE / DEPARTMENT RECOMMENDATION

Accelerated Five Year Program:

Total Hours required to complete the Accelerated Five Year Program:

Overall GPA:

Semester Hours Completed:

GRE Date:

Verbal:

Quantitative:

Analytical Writing:

Justification if No GRE Test Scores:

Projected Semester to change from UG (4R) level to GR (6M) level. Effective Term of Entry:

Approve

Disapprove

Undergraduate Advisor's Signature

Date

Approve

Disapprove

Graduate Advisor's Signature

Date

Approve

Disapprove

College Graduate Associate Dean / Designee's Signature

Date

### GRADUATE SCHOOL RECOMMENDATION

Approve

Disapprove

Graduate School Dean / Designee's Signature

Date

### REGISTRAR'S OFFICE

Processed By:

Office Personnel's Signature

Processed Date:

Date

OFFICE USE ONLY:

Graduate Admissions (original)

College

Registrar

## Florida 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 bonafide 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 United States 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 categories authorized by the Florida Legislature and Board of Trustees. 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.

Permanent Resident Alien Number: \_\_\_\_\_ (copy of both sides of the card is required)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Florida Residents

**THIS SECTION MUST BE COMPLETED IN FULL IF YOU CLAIM FLORIDA RESIDENCY FOR TUITION PURPOSES.  
ATTACH COPIES (IF ANY) OF REQUIRED DOCUMENTATION**

1. 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 51% or more of his/her support is provided by another as defined by the Internal Revenue Service  
**Independent:** a person who provides more than 51% of his/her own support
2. A copy of the 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 parents 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 not 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 establishing Florida legal residence. (**Required:** verification from previous institution)
  - F. According to the U.S. 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 residence 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 DD2048 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 Pre-Paid College program** (F.S. 240.551) and not otherwise eligible.
  - K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the **FSU 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 Southern Regional Education Board's **Academic Common Market** graduate student. (**Required:** certification letter from State Coordinator)
  - M. I am a full-time **employee of a state agency** or policy 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. (**Required:** copy of employment verification)
  - N. I am a **McKnight Fellowship** recipient. (Required: verification from the Graduate School)
  - O. I am an active member of **Florida National Guard** who qualifies under Florida Statutes s.250.10 (7) and (8) for the tuition assistance program.

### Person Claiming Florida Residency Must Complete the following Section

**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's Social Security #: \_\_\_\_\_
3. Name of person claiming Florida residence: \_\_\_\_\_
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. Claimant's **driver's license**: State: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_
10. Claimant's **vehicle registration**: State: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_
11. **Non-U.S. Citizen only**: Permanent Resident Alien number \_\_\_\_\_ Issue Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

*(copy of both sides of card is 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 F.S. 837.06, and BOT Rule 6C-6.001 (F.A.C. 60).**

Signature of Person Claiming Florida Residency (name in item # 3) \_\_\_\_\_

Date \_\_\_\_\_