



# Graduate School Student Update Form

To be completed by current or former UNF students wishing to apply for graduate school.  
Mail or return to: Graduate School • 1 UNF Drive • Jacksonville, FL 32224  
Telephone (904) 620-1360 • Fax (904) 620-1362 • email: [graduatestudies@unf.edu](mailto:graduatestudies@unf.edu)

**COMPLETE EACH ITEM. Incomplete forms will not be processed. Type or print in black ink.**

1. U.S. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name (Sur Name) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
N Number (if known) \_\_\_\_\_

**Race/Ethnicity (please check one):** UNF is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner. **Hispanic or Latino**  Yes  No  
**Please check all that apply:**  American Indian or Native Alaskan  Black or African American  Native Hawaiian or other Pacific Islander  
 Asian  White

2. PRINT your permanent address. All university correspondence will be mailed to this address.

Number and Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ County (or Province) \_\_\_\_\_ State/Nation \_\_\_\_\_ Zip Code \_\_\_\_\_  
Area Code and Phone Number \_\_\_\_\_ Email Address (if available) \_\_\_\_\_

3. For which term, in which year, do you now seek admission?

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

4. What is your intended major? \_\_\_\_\_

Important: If your major has multiple concentrations, to which are you applying? \_\_\_\_\_

5. At which level do you wish to enroll? (check one)

Graduate  Doctoral  Post-baccalaureate for graduate prerequisites  Other \_\_\_\_\_

6. Have you attended any other college or university since attending UNF?  Yes  No

If yes, please list the institution and dates of enrollment. You are required to provide official transcripts from each institution.

7. Please list your test scores (if applicable):

Graduate Record Exam (GRE): Date: \_\_\_\_\_ Scores: Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_

Graduate Management Admissions Test (GMAT): Date: \_\_\_\_\_ Scores: Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Total: \_\_\_\_\_

8. Failure to answer these questions and attach necessary documentation may result in the denial of your application for admission:

a. Have you ever left another postsecondary institution after being accused of misconduct and/or been subject to disciplinary action at another postsecondary institution?  Yes  No

b. Have you ever been convicted and/or have charges pending for any criminal offense other than a minor traffic violation?  Yes  No

If your answer to either of these questions is "Yes," you are required to provide a written explanation of the event. You may be required to furnish UNF with statements from your school administration or legal representation and copies of all 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 these questions.

9. (Optional) If you wish to request special admission consideration based on a disability, it is the intent of the University to consider this information within the following guidelines: (1) documentation regarding the disability is to be provided on a voluntary basis, (2) all information will be kept confidential, (3) refusal to provide information will not subject the applicant to adverse treatment, and (4) information will only be used in connection with the University's voluntary efforts to overcome the effects of conditions that may have resulted in limited participation of persons with disabilities.

**If you wish to request special admission consideration based on a disability, check here.**

### Signature

I understand that this application is valid only for the term listed above. I also understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements as published in the University's catalog. I certify that the information given in this application is complete and accurate. I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the State Board of Education and the rules and regulations of the University. Should any of the information I have given change prior to my entry to the University, I will immediately notify the Graduate School.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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 bonafide domicile rather than for the purposes of maintaining 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 "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. I also understand 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 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 a marriage certificate is required in all cases of spouse claiming partner's residency.

Check box that applies:

- 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. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of residency)
- C. I am a dependent person who has resided for five years with an adult resident 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 residency)
- 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 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 an 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 forces of the United States and I am stationed in Florida on active 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 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 or higher education, or I am the employee's dependent spouse or 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.) (Required: Copy of card)
- K. I am living on the Isthmus of Panama and have completed the 12 consecutive months of college course work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (Required: Copy of enrollment verification and/or copy of marriage certificate/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 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. (Required: Verification from graduate studies)

**Person claiming Florida 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 Florida resident classification is sought. Two of the three documents listed below (numbers 8-10) must be issued 12 months prior to the first day of classes of the term for which Florida residency 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: (\_\_\_\_) \_\_\_\_\_

Street/PO Number \_\_\_\_\_ Apartment Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Date claimant began establishing legal Florida residence and domicile: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Claimant's voter registration: State: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_ Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Claimant's driver license: State: \_\_\_\_\_ Number: \_\_\_\_\_ Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Claimant's vehicle registration: State: \_\_\_\_\_ Tag Number: \_\_\_\_\_ Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Non-U.S. Citizen only: Resident Alien Number: \_\_\_\_\_ 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 to Rule 6C-7.005 F.A.C.

Signature of person claiming Florida residency (as listed in item 3 above)

Date

*Please retain this sheet for your records.*

The State University System of Florida operated a system of records prior to January 1, 1975, pursuant to regulations of the Florida Board of Regents that required the use of Social Security numbers. Therefore each university may continue to require the disclosure of Social Security numbers by applicants and students under the Federal Privacy Act of 1974. This information was and currently is received from you for the purpose of identification and verification of student records including registration, financial aid, and academic records and of verification of your identity in connection with the provision of university services.