

INSTRUCTIONS: Mail this copy of the completed application along with the nonrefundable \$30 application fee to Office of Admissions, PO Box 2946, University of Florida, Gainesville, FL, U.S.A., 32602-2946.

Checks and money orders (U.S. funds only) should be made payable to the University of Florida. Do not send cash.

**Your application will not be processed without the required fee and is valid only for the term indicated.**

The preferred method to apply is online at [www.admissions.ufl.edu/](http://www.admissions.ufl.edu/)

**Please type or print in ink as it appears on your passport.**

Legal name: \_\_\_\_\_  
 Last/Family/Surname First/Given Name Middle

Record U.S. Social Security Number above if you have one. \_\_\_\_\_ City and Country of Birth \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Gender:  Female  Male

Country of Permanent Residence: \_\_\_\_\_

Birthdate (Use numbers for month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Mailing Address: Correspondence will be mailed to this address.

Number & Street City Province or State Postal Code Country

Permanent Foreign Address:

Number & Street City Province or State Postal Code Country

What visa do you currently hold?

F1  F2  J1  J2  H1  H4  None  Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number (if in U.S.): ( ) \_\_\_\_\_

<p>Anticipated Term of Entrance:</p> <p><input type="checkbox"/> Fall-August 200 _____</p> <p><input type="checkbox"/> Spring-January 200 _____</p> <p><input type="checkbox"/> Summer A/C-May 200 _____</p> <p><input type="checkbox"/> Summer B-June 200 _____</p>	<p>Degree Goal (specify one):</p> <p><input type="checkbox"/> Master's <input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Specialist <input type="checkbox"/> Ph.D.</p> <p><input type="checkbox"/> Engineer</p>
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Have you ever attended UF:  Yes  No Are you currently enrolled?:  No  Yes

If yes, provide your UFID: \_\_\_\_\_ - \_\_\_\_\_

Graduate Programs: <http://www.admissions.ufl.edu/grad/gradgreeprogramshub.html>

Indicate which college and program you wish to enter:

College: \_\_\_\_\_ Program: \_\_\_\_\_ Specialization: \_\_\_\_\_

Please contact the department if you would like to apply for another program/major.  
 Department Contacts: <http://www.admissions.ufl.edu/grad/gradcontacts.html>

**Official transcript(s) and diploma/degree certificate, if applicable, in the native language as well as certified English translations must be submitted to the Office of Admissions for each institution attended.** Copies of all documents must be sent to your intended department. Attaching official credentials to this form will expedite processing of your application. If mailed separately, send all documents to the Office of Admissions, PO Box 114000, University of Florida, Gainesville, FL 32611-4000.

List in chronological order each institution beyond secondary school that you have **attended or plan to attend** before entering the university. **Failure to declare attendance at another institution could invalidate your admission and any credits or degrees earned.**

Indicate other names that may appear on your credentials: \_\_\_\_\_

**Failure to list institutions will delay the processing of your application.**

For Office Use Only	Name and Location of Institutions Attended	Dates of Attendance				List all Degrees and Dates			
		From		To		Earned		Will Earn	
		Month	Year	Month	Year	Degree	Date	Degree	Date

## Office of Admissions Copy

**Official scores must be sent to the University of Florida, Office of Admissions, PO Box 114000, 201 Criser Hall, Gainesville, FL 32611-4000.**

**Graduate Record Examination (GRE)** results must be received directly from the Educational Testing Service. UF's institution code is 5812.

GRE Test Date: \_\_\_\_\_ Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical/Writing: \_\_\_\_\_ Total (V+Q): \_\_\_\_\_  
 GRE Subject Test – Test Date: \_\_\_\_\_ Test Name: \_\_\_\_\_ Score: \_\_\_\_\_

**Graduate Management Admission Test (GMAT)** results must be received directly from the Graduate Management Admission Council.

GMAT Test Date: \_\_\_\_\_ Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Score: \_\_\_\_\_ Analytical/Writing: \_\_\_\_\_

Proficiency in the English language is required of applicants from countries (including Puerto Rico) where English is not the official language. These applicants must submit official scores from one of the tests listed below. This requirement may be waived if you have been enrolled in a degree seeking program for one academic year (in a country where English is the official language) prior to your anticipated term of enrollment at UF.

**Test of English as a Foreign Language (TOEFL)** results must be received directly from the Educational Testing Service. UF's institution code is 5812.

TOEFL Test Date: \_\_\_\_\_ Listening: \_\_\_\_\_ Writing: \_\_\_\_\_ Reading: \_\_\_\_\_ Score: \_\_\_\_\_  
 IB-TOEFL Test Date: \_\_\_\_\_ Reading: \_\_\_\_\_ Listening: \_\_\_\_\_ Speaking: \_\_\_\_\_ Writing: \_\_\_\_\_

**International English Language Testing System (IELTS)** results must be received from IELTS International.

IELTS Test Date: \_\_\_\_\_ Listening: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_ Score: \_\_\_\_\_

**Michigan English Language Assessment Battery (MELAB)** results must be received directly from the University of Michigan English Language Institute.

MELAB Test Date: \_\_\_\_\_ Composition: \_\_\_\_\_ Listening: \_\_\_\_\_ GCVR: \_\_\_\_\_

**Completion of the University of Florida English Language Institute program.** Send verification from UF English Language Institute.

Identify any department or university personnel other than the UF Office of Admissions with whom you have been in correspondence (include name, position and department). \_\_\_\_\_

If your time since leaving a college or university is not completely covered (except for vacation), indicate how you have spent your time prior to your planned date of entrance to the University of Florida. Use additional paper, if necessary.

Activity	City & State or Country	From	To
		/	- /
		/	- /
		/	- /
		/	- /

### Failure to answer these questions will delay the processing of your application.

If your answer to any of the following is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings.

1. Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?  Yes  No

2. Have you ever been charged with a violation of the law which resulted in, or, if still pending, could result in, probation, community service, a jail sentence, the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)?  Yes  No

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to 1 or 2, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission.

To request any reasonable accommodation for a disability please contact the graduate coordinator in your department. Department contacts: <http://www.admissions.ufl.edu/grad/gradcontacts.html>

I will abide by the university's regulations concerning application deadlines and admission requirements. I certify that the information given in this application is complete and accurate and I understand that false or fraudulent statements within this application or residence affidavit may result in denial of admission, disciplinary action and invalidation of credits or degrees earned at the university. If admitted, I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the University of Florida Board of Trustees. Should any of the information I have given change prior to my entry to the university, I shall notify the University of Florida Office of Admissions immediately. I understand that the \$30 U.S. check or money order that must accompany this application is a nonrefundable fee.

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

\_\_\_\_\_  
Date

If you received an undergraduate degree from a U.S. college or university, complete the self-reported GPA computation worksheet form:

[www.admissions.ufl.edu/pdf/worksheet.pdf](http://www.admissions.ufl.edu/pdf/worksheet.pdf)

This copy of the application, letters of recommendation, statement of purpose and photo copies of your transcripts and test scores must be mailed to your intended department. Please contact your department regarding other materials that may be required. Department contacts: <http://www.admissions.ufl.edu/grad/gradcontacts.html>

Please type or print in ink as it appears on your passport.

Legal name: \_\_\_\_\_  
Last/Family/Surname First/Given Name Middle

Birthdate (Use numbers for month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Female  Male

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

Country of citizenship: \_\_\_\_\_

Country of permanent residence: \_\_\_\_\_

Current Mailing Address: Until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number & Street City Province or State Postal Code Country

Permanent Foreign Address:

Number & Street City Province or State Postal Code Country

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

<p>Anticipated Term of Entrance:</p> <p><input type="checkbox"/> Fall-August 200 ____</p> <p><input type="checkbox"/> Spring-January 200 ____</p> <p><input type="checkbox"/> Summer A/C-May 200 ____</p> <p><input type="checkbox"/> Summer B-June 200 ____</p>	<p>Degree goal (specify one):</p> <p><input type="checkbox"/> Master's <input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Specialist <input type="checkbox"/> Ph.D.</p> <p><input type="checkbox"/> Engineer</p>
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College: \_\_\_\_\_ Program: \_\_\_\_\_ Specialization: \_\_\_\_\_

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**Failure to list institutions will delay the processing of your application.**

Name and Location of Institutions Attended	Dates of Attendance				List all Degrees and Dates			
	From		To		Earned		Will Earn	
	Month	Year	Month	Year	Degree	Date	Degree	Date

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GRE Subject Test – Test Date: \_\_\_\_\_ Test Name: \_\_\_\_\_ Score: \_\_\_\_\_

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IELTS Test Date: \_\_\_\_\_ Listening: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_ Score: \_\_\_\_\_

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**Completion of the University of Florida English Language Institute program.** Send verification from UF English Language Institute.

**Activities and Locations:** Indicate how you spent or plan to spend all time, from graduation, until anticipated enrollment at the University of Florida. Use additional paper, if necessary.

Position/Activity	Location – include city and state	From	To
		/ - /	/ - /
		/ - /	/ - /
		/ - /	/ - /
		/ - /	/ - /

**References:** List below three references. Have these individuals send letters of recommendation directly to your department.

Recommendation forms are available at <http://gradschool.rgp.ufl.edu/education/recommendation.html>

Name and Position	Department /Institution	E-mail Address	Telephone
			( ) -
			( ) -
			( ) -

Identify any department or university personnel other than UF Office of Admissions staff with whom you have been in correspondence (include name, position and department): \_\_\_\_\_

Do you intend to apply for one of the following?  Fellowship  Scholarship  Assistantship

For consideration, complete the application for graduate fellowship or assistantship and send it directly to the department.

Fellowship/Assistantship application available at <http://gradschool.rgp.ufl.edu/pdf-files/recommendation-letter-form.pdf>

To request any reasonable accommodation for a disability please contact the graduate coordinator in your department.

Department Contacts: <http://www.admissions.ufl.edu/grad/gradcontacts.html>

I will abide by the university's regulations concerning application deadlines and admission requirements. I certify that the information given in this application is complete and accurate and I understand that false or fraudulent statements within this application or residence statement may result in denial of admission, disciplinary action and invalidation of credits or degrees earned at the university. If admitted, I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the University of Florida Board of Trustees. Should any of the information I have given change prior to my entry to the university, I shall notify the University of Florida Office of Admissions immediately. I understand that the \$30 U.S. check or money order that must accompany this application is a nonrefundable fee.

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

\_\_\_\_\_  
Date

*All applicants who meet requirements and standards will be considered equally for admission to any academic program, regardless of race, color, religion, gender, marital status, beliefs, age, national origin, sexual orientation or physical or mental disabilities.*