

Application for Readmission

Graduate, Postbaccalaureate and Professional

Instructions: This application is used for students who have not enrolled at the university for two or more consecutive terms (summer sessions count as one term). A \$30 non-refundable processing fee is required. The fee is valid for twelve months. Mail this form with a \$30 check or money order to the University of Florida, P.O. Box 2946, Gainesville, FL 32602-2946.

Legal Name: Last/Family	First	Middle/Maiden	Social Security Number: - -	UFID: -
Permanent Mailing Address: (include street and number, city, state and zip)				Phone Number: () -
Current Mailing Address: (include street and number, city, state and zip)				E-mail address:
Date of Birth: ____/____/____ month day year	Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	Non-U.S. citizens only: Are you a permanent resident alien? <input type="checkbox"/> Yes. Attach a copy of both sides of your permanent resident alien card. <input type="checkbox"/> No. What visa do you presently hold? _____		

Anticipated Term/Year of Enrollment (select one):
 Fall 20 ____ Spring 20 ____ Summer A/C 20 ____ Summer B 20 ____

Indicate the College and Program for readmission:
 College: _____ Program: _____

Select one option:* Graduate Studies <input type="checkbox"/> Master's <input type="checkbox"/> PhD <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Specialist	Postbaccalaureate Studies <input type="checkbox"/> Doctor of Pharmacy <input type="checkbox"/> Teacher Certification <input type="checkbox"/> Prereqs for Graduate Study <input type="checkbox"/> Distance Learning <input type="checkbox"/> Certificate Program	Professional School <input type="checkbox"/> Dentistry <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Veterinary Medicine
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* This application cannot be processed without selecting an option. If more than one is selected, only the first selection will be processed.

Name the college, major and term of **last enrollment**? College: _____ Major: _____ Term: _____

List all Colleges or Universities Attended. Use additional paper, if necessary.

Office Use	Institution — include city and state	Major	From Month Year	To Month Year	Degrees Earned	Degrees Will Earn	Date Month Year
			/	/			/
			/	/			/

Indicate how you spent all time from last enrollment at the University of Florida. Use additional paper, if necessary.

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

Failure to answer these questions will delay processing of your application. If you answer yes to any of the following questions, submit a full statement of the relevant facts and attach to this form. You may be required to furnish the university with copies of all official documents explaining the final disposition of the proceedings.

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

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure, answer yes and disclose all incidents fully to avoid risk of disciplinary action or revocation of your admission offer.

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. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the Office of Admission.

Applicant's Signature _____

Date _____

Instructions for the applicant:

Please complete this section of the Referral for Readmission identical to the information completed on the Application for Readmission. Contact the department regarding additional materials that may be required. The Office of Admissions will detach this referral form and forward it to the proposed department for a decision on your readmission to the University of Florida.

Legal Name:	Last/Family	First	Middle/Maiden	UFID: -
Permanent Mailing Address: (include street and number, city, state and zip)				Phone Number: () -
Current Mailing Address: (include street and number, city state and zip)				E-mail address:

Date of Birth: month/day/year / /	Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	Non-U.S. citizens only: Are you a permanent resident alien? <input type="checkbox"/> Yes. Attach a copy of both sides of your permanent resident alien card. <input type="checkbox"/> No. What visa do you presently hold? _____
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Anticipated Term/Year of Enrollment (select one):

 Fall 20 ____ Spring 20 ____ Summer A/C 20 ____ Summer B 20 ____

Indicate the College and Program for readmission:

College: _____ Program: _____

Select one option:*

Graduate Studies

- Master's
 PhD
 Doctor
 Engineer
 Specialist

Postbaccalaureate Studies

- Doctor of Pharmacy
 Teacher Certification
 Prereqs for graduate study
 Distance Learning

Professional School

- Dentistry
 Law
 Medicine
 Veterinary Medicine

* This application cannot be processed without selecting an option. If more than one is selected, only the first selection will be processed.

 Name the college, major and term of your **last enrollment**. College: _____ Major: _____ Term: _____

Instructions for the Department

Select a decision. Readmission to a prior program requires department authorization. If the applicant is admitted to a new program, an authorized college representative must also sign this form. Complete this section and return the form to the Office of Admission, P.O. Box 114000, 201 Criser Hall. Please send the applicant notification of the decision for readmission.

 Approved readmission to prior program Approved for new program Cancelled Denied

Signature of Authorized Department Representative

Date

Signature of Authorized College Representative

Date

The appropriate signature(s) are required for readmission to the University of Florida.



UNIVERSITY OF FLORIDA



Graduate Readmission Directory

Fisher School of Accounting	352-273-0200	www.cba.ufl.edu/fsoa
College of Agricultural and Life Sciences	352-392-2251	www.cals.ufl.edu
M.E. Rinker Sr. School of Building Construction	352-273-1150	www.bcn.ufl.edu
Warrington College of Business Administration	352-392-1426	www.cba.ufl.edu
College of Dentistry	352-392-2911	www.dentistry.ufl.edu
College of Design, Construction and Planning	352-392-4836	www.arch.ufl.edu
College of Education	352-392-0728	www.coe.ufl.edu
College of Engineering	352-392-6000	www.eng.ufl.edu
College of Fine Arts	352-392-0207	www.arts.ufl.edu
School of Forest Resources and Conservation	352-846-0850	www.sfrc.ufl.edu
College of Health and Human Performance	352-392-0578	www.hhp.ufl.edu
College of Journalism and Communications	352-392-6557	www.jou.ufl.edu
Center for Latin American Studies	352-392-0375	www.latam.ufl.edu
Levin College of Law	352-392-2087	www.law.ufl.edu
College of Liberal Arts and Sciences	352-392-0780	www.clas.ufl.edu
College of Medicine	352-392-5461	www.med.ufl.edu
School of Natural Resources and Environment	352-392-9230	www.snre.ufl.edu
College of Nursing	352-273-6400	www.con.ufl.edu
College of Pharmacy	352-273-6301	www.cop.ufl.edu
College of Public Health & Health Professions	352-273-6631	www.hp.ufl.edu
College of Veterinary Medicine	352-392-4700	www.vetmed.ufl.edu
Distance Learning	352-392-2137	www.fcd.ufl.edu

For additional information, contact the Office of Admission at 352-392-1365.