

Student Name: _____

Social Security No.: _____

The University of South Florida protects the social security numbers of all individuals which are in its possession. As required by Florida law (119.071 (5)), USF provides written notice to persons of the potential uses for the number at <http://it.usf.edu/standards/ssn>.

Term/Year of Registration: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Gender: _____ **Date of Birth:** _____

Address: _____
Street & Number City State Zip County

Telephone (include Area Code): _____

E-mail Address: _____

Emergency Contact: _____
Last First Middle/Maiden

Address: _____

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 _____

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

Home Campus: Tampa St. Petersburg Sarasota Polytechnic

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

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.

DO NOT WRITE IN THE SHADED BOX
New FSR
Continuing
Residency
Initials _____ Date _____

Applicant Signature

Date

OFFICE OF THE REGISTRAR

University of South Florida • 4202 East Fowler Avenue, SVC 1034 • Tampa, Florida 33620-6950
(813) 974-2000 • Fax (813) 974-5271 • www.registrar.usf.edu