



University of Central Florida Inclusive Education Services Application: Part A

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (mm/dd/yy): _____

Are you Hispanic or Latino: YES ☐ NO ☐

Gender: Male ☐ Female ☐

How do you describe yourself: ☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Are you a U.S. Citizen? YES ☐ NO ☐

If yes, were you ☐ born a U.S. citizen or ☐

Naturalized

If no: What is your nation of citizenship?

What is your current visa status in the United

States? _____

(please provide copies of your visa/EAD/permanent resident card or other documentation)

U.S. Vet/Military Status: ☐ Active ☐ Educational Benefit Eligible Dependent

☐ Veteran Service prior to 9/11/2001 ☐ Veteran Service on or after 9/11/2001 ☐ No Military Service

Is your native language English YES ☐ NO ☐ If no, how many years have you spoken English?

Student Personal Information:

Address: _____

City/State: _____ Postal Code: _____ Country: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Emergency Contact Name:

Relationship: ☐ Father ☐ Friend ☐ Guardian ☐ Mother ☐ Other Relative ☐ Spouse

If not Parent, location of Parents: _____

Emergency Contact Address: _____

City/State: _____ Postal Code: _____ Country: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Parent/ Guardian Contact:

Parent/ Guardian #1 Name: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Emergency Contact Phone: _____

Relationship: ☐ Father ☐ Legal Guardian ☐ Mother ☐ Step-Father ☐ Step-Mother

Phone Number: _____ Type: ☐ Cellular ☐ Permanent ☐ Work

Occupation: _____

Highest Level of Education: ☐ No High School ☐ Some High School ☐ High School
Diploma or GED ☐ Some College ☐ Bachelor's degree ☐ Graduate School

Email Address: _____

Parent/ Guardian Contact

Parent/ Guardian #1 Name: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Emergency Contact Phone: _____

Relationship: ☐ Father ☐ Legal Guardian ☐ Mother ☐ Step-Father ☐ Step-Mother

Phone Number: _____ Type: ☐ Cellular ☐ Permanent ☐ Work

Occupation: _____

Highest Level of Education: ☐ No High School ☐ Some High School ☐ High School
Diploma or GED ☐ Some College ☐ Bachelor's degree ☐ Graduate School

Email Address: _____

Applicant Information

How many people including yourself live in your household?

What is your household/family income: ☐ Less than \$20,000 ☐ \$20,000 - \$39,999
☐ \$40,000 - \$59,999 ☐ \$60,000 - \$79,999 ☐ More than \$80,000

Application Term: Fall 2027 Admission

Educational Information

High School Attended:_____

City and State: _____

Date of Graduation: _____

Did you earn a GED? YES NO

Date of GED diploma:_____

Did you earn a special diploma from high school? YES NO

Have you attended any Post-Secondary institutions (Colleges or Universities)? YES NO If YES, please enter the information below:

Institution Name	City	State	Country	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Numbe r of Credits Earned

Please indicate below if you have taken or plan to take (if applicable):

☐ SAT (mm/yy): _____

☐ ACT (mm/yy): _____

☐ FAA (mm/yy): _____

Select any as appropriate:
AP / IB / AICE / CLEP

Last test date:

Crime/Disciplinary Questions:

NOTE: You do not need to disclose any academic dismissal, suspension or probation that was due entirely to poor grades. If you answered any of the questions below with a "YES", please list all actions or charges and provide specifics. Note that this question includes any charges of misconduct at an educational institution, even if the matter was subsequently dropped or resolved in your favor.

Are you currently or have you ever been subject to disciplinary action for misconduct at an educational institution? YES ☐ NO ☐ If YES, please explain below:

Have you ever been convicted of a felony? YES

☐ NO ☐ If YES, please explain below:

In the past 10 years, and including any pending charges, have you ever been the subject of any criminal proceeding other than a minor traffic violation? DUI is a crime, not a "minor"

traffic violation. If in doubt about what constitutes a “minor” violation, you should answer YES to this question and provide specifics below. YES ☐ NO ☐

If YES, please explain below:

NOTE EXPUNGED RECORDS: We are not responsible if records you believe were expunged are revealed to the university. Please provide any specifics on a separate sheet of paper which you did not have space to include. Signature is required on separate documents attesting to the validity of statements made.

Disciplinary History Verification: I understand that withholding information requested or falsification of information given will result in disciplinary action and may make me ineligible for admission and enrollment and that by accepting my application for admission, the University of Central Florida accepts my commitment to observe all regulations of the university.

Please verify that all the information above is correct.

IMPORTANT: You must read and sign the following section in order to complete your application to IES at UCF.

- I understand that this application is only for admission to Inclusive Education Services at the University of Central Florida and is valid only for the term chosen.
- I understand and agree that I will be bound by the university's regulations concerning IES application deadline dates and admission requirements.
- I agree to the release of any transcripts, student records, and test scores to this institution. All application materials submitted, including transcripts and test scores, become the sole property of the university.
- I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of IES at UCF admissions, and invalidation of credits or degrees/credentials earned. Should any of the information I have given change prior to my enrollment, I shall notify Inclusive Education Services.
- If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the university.
- *I understand that, **if selected to participate in Inclusive Education Services for Fall 2027**, there will be \$30 non-refundable application fee. Fee waivers will be considered for those demonstrating financial need. No money is due at the time of application.*
- I understand that by signing my name below, I am certifying that I am the person making the application to the university and that all information is true and accurate to the best of my knowledge.

University of Central Florida Annual Security & Fire Safety Guide

This report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by the University of Central Florida; and on public property within, or immediately adjacent to and accessible from, the campus.

The report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters. You can obtain a copy of this report for any of our campus sites by contacting the University of Central Florida Police Department or by accessing the following web site:

<http://police.ucf.edu/CrimeStats.html>. The Office of Undergraduate Admissions is providing this information in compliance with the Campus Safety/Security Act of 1990.

I hereby agree to abide by the policies of the Florida Board of Governors and the rules and regulations of the university. Acceptance resulting from this application applies only to the term indicated herein.

- ☐ I certify the information provided on this form to be true and accurate.
- ☐ I understand that my personal data, as part of this application, will be processed by the University of Central Florida ("UCF") and, as appropriate, its third-party processors within the United States of America for academic and related purposes.

Printed Full Name (Student)

Printed Full Name
(Completed By)

Signature (Student)

Signature (Completed By)

Date (mm/dd/year)

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 residence in Florida for at least 12 months. Residence in Florida must be as a bona fide 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 U.S. Citizen, permanent resident alien or legal alien granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the 12-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 Department of Education. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living, owning property or attending school in Florida will not, in itself, establish legal residence for tuition purposes. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

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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 to be considered for Florida residency classification. *Persons who reside outside of Florida and are beneficiaries of the Florida Prepaid College Plan should mark 'J' and complete the affidavit below.

Signature in Ink: _____ SSN: _____

Date: _____

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Florida Residents

This section must be completed in full if you claim Florida residency for tuition purposes. Attach copies (if any) of documents required. 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.

Dependent: a person for whom 50 percent or more of the cost of attendance for independent, in-state students (as defined by the financial aid office at the institution) is provided by another.

Independent: a person who provided more than 50 percent of the cost of attendance for independent, in-state students as defined by the financial aid office at the institution him/herself.

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Select the appropriate option below:

- A. I am an independent person and have maintained legal residence in Florida J. I am a qualified beneficiary under the terms of the Florida Prepaid
- | | |
|---|--|
| for at least 12 months. (Note: If you are under 24 and claiming residency as an independent, you must submit both your parents' most recent tax return showing you were not claimed as a dependent and a copy of your W-2 form indicating income more than 50 percent of your total financial support.) | relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least the past 12 consecutive months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency) |
| B. I am a dependent person, and my parent or legal guardian has maintained legal residence in Florida for at least 12 months. | D. I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of |
| C. I am a dependent person who has resided for five years with an adult | |

marriage certificate and driver license or state/government issued ID)

- 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. (Required: Proof of Florida residency classification at former institution)
- F. According to the Bureau of Citizenship and Immigration Services, 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 : BCIS documentation and proof of Florida residency status)
- G. I am a member of the Armed Services of the United States and I am currently 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 current military orders, DD2058, or LES showing home of record. If member's spouse, please provide a copy of the marriage certificate.)
- 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 full-time employment verification on letterhead)
- I. I am part of the Latin American/Caribbean Scholarship program. (Required : Copy of scholarship papers)
College Program (s. 1009.98, F. S.). Persons who reside outside of Florida and are beneficiaries of the Florida Prepaid College Plan should mark

this option and complete the affidavit below.
(Required for all:

Verification of participation in the Florida Prepaid Program, such as the copy of the Florida Prepaid Program Contract or recipient card .)

- 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 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 . (Required : documentation of status)
- M. I am an active duty member of the Florida National Guard who qualifies under 5.250 . 10 (7) and (8) for the tuition assistance program. (Required: documentation of eligibility)
- N. I am an active duty member (or the spouse/dependent child of the member) of the Armed Services of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such military establishment is within a county contiguous to Florida. (Required: copy of current military orders showing duty station)
- O . I am an active duty member (or the spouse/dependent child of the member) of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, attending a public community college or university within 50 miles of the military establishment where

the active duty member is stationed.
(Required: documentation of status)

- P. I am an active duty member (or spouse/dependent child of the member) of a foreign nation's military who is serving as a

liaison officer. I am residing or stationed in Florida and attending a public community college or state university within 50 miles of the military establishment where I am stationed. (Required: documentation of status)

Please Print:

Person claiming residency must complete this section in full.

1. Name of Student:_____

2. Student's Social Security Number:_____

3. Name of person claiming Florida Residency: _____

4. Claimant's telephone number: (_____)_____

5. Claimant's relationship to student: Self Parent. Legal Guardian (include copy of assigned orders)
Spouse

6. Claimant's permanent legal address:_____

7. Date Claimant began establishing Florida residence and domicile:_____

8. Claimant's voter registration: _____ State: _____
County:_____ Number:_____ Original Issue: ____/____

9. Claimant's driver's license #: _____ State: _____
Original Issue: ____/____

10. Claimant's vehicle registration: _____ Tag Number: _____
Original Issue Date: ____/____ Current Issue Date: ____/____

11. Non-U.C. Citizen only (Claimants for decent U.S. Citizen students should not supply this information):
Resident Immigrant Number: _____ Issue Date: ____/____

(Copy of both sides of Resident Immigrant card and/or copies of supporting Visa/Employment Authorization documents are 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 BOG Reg . 7.005.

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

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