Instructions for Applying

PLEASE READ THE INSTRUCTIONS CAREFULLY and return all materials requested in the envelope provided. Submitting complete information to us by the due date for your selected program of study will help us provide you with a quick response and decision regarding your admission to UCF. Your application will not be considered for admission unless all materials are received by the due date. We will notify you when we receive your materials. If you have questions about applying, contact us by telephone, e-mail, or fax. Our website has additional information about our programs and services.

This application is for American citizens or resident aliens in the United States. If you are not either of these, please request an international application. If you are seeking certification for education or are nondegree-seeking, request a nondegree application from the Office of Graduate Studies.

APPLICATION REQUIREMENTS

You must complete and forward all required application materials to the Office of Graduate Studies, including:

- Graduate Application for Admission form (signed by the applicant)
- $20 application fee (if you have not previously attended UCF)
- Residency Classification form
- Two official transcripts (in sealed envelopes) from each college/university attended.
- GRE scores (or GMAT scores, if required by the program) sent directly to UCF
- TOEFL scores sent directly to UCF, if an applicant is from a country where English is not the primary language or when an applicant’s bachelor’s degree is not from an accredited U.S. institution
- Self-addressed, stamped postcard (see back cover)
- Request for Assistantship Information (optional)
- Recommendations, if required by the program
- Essays or Statements, if required by the program
- Professional resume, if required by the program
- Student Health Services—Health Form

Some programs require interviews, portfolios, or other materials. Please check the “Admission Requirements.”

Note: If a GRE score is unavailable by the deadline date, you may apply as a post-baccalaureate, nondegree-seeking student. Please request a nondegree application. A maximum of 9 semester hours may apply toward a graduate degree if a student is accepted into a program. Admittance as a nondegree-seeking student does not guarantee acceptance into a graduate program.

Graduate Application for Admission Form

This form should be completely filled out and signed. Please print clearly in black ink. Major (program) codes are listed in all capital letters in the “Admission Requirements” section.

Application Fee

A $20 application fee (check or money order in U.S. currency made payable to the University of Central Florida) is required from all students who have not previously attended UCF. Your application will not be processed without payment of the fee.

Residency Classification Form

All applicants must complete this form.

- Non-Florida residents need only sign and date the form under “Non-Florida Residents.”
- Florida residents claiming residency must complete the “Florida Residents” section. On the back of the form, please list your work experience for the last 5 years (include high school if you have not worked for 5 years); check the appropriate residency category; and sign and date the form. If Florida residency is being claimed by a parent or spouse, that person must complete and sign the form, not the applicant. Documentation to support the claim must be included with your application. Required documentation is listed following each residency category description.

Official Transcripts

Please give the Transcript Request form to your Registrar and have them return to you 2 sealed, official transcripts from each college and university attended. Be sure to request that the transcript shows degrees you have earned. Do not seal the transcript envelopes when you receive them; put them in the envelope with the rest of your application materials for mailing to UCF. All graduate students must have official proof of a baccalaureate degree.

Nonresident aliens who have received a degree from an institution outside the United States may have to obtain a transcript evaluation from an approved agency. Contact the Office of Graduate Studies for more information.

Examinations

Official test scores such as the Graduate Record Examination (GRE) or General Management Admission Test (GMAT) are required of ALL applicants for graduate degree programs. The Educational Testing Service (ETS) does not retain scores (GRE or GMAT) longer than 5 years. If your test scores are older than 5 years, you will have to retake the test to have official test scores sent to UCF from ETS. UCF does not accept personal or examinee copies of any examination.

You should arrange to take the GRE or GMAT exam before returning this application. It is important that ALL sections (including the Analytical Section) of the GRE be taken to ensure proper reporting of your scores.

Admission decisions will not be made until official GRE/GMAT scores are received, so please make arrangements to take tests and have scores forwarded as soon as possible. Scores must be received by the university before the program due date (see “Admission Requirements”). Request that your score be sent directly to UCF. Exams can be scheduled at Sylvan Learning Centers (407/671-2332) quickly, and results are normally available 4-6 weeks later.
GRE Subject Examination

Some programs require GRE Subject Examinations. Refer to “Admission Requirements.”

TOEFL

Applicants who are from countries where the official language is not English or who have not received a bachelor’s degree from an accredited U.S. institution must submit a score on the Test of English as a Foreign Language (TOEFL).

Recommendations

If required by the program, please obtain recommendations. Make as many copies of the form as needed.

Essays and Statements

If required by the program, submit typed essays or statements. For more information about specific items to address, contact the program. If the program does not require an essay or statement, you may still submit one if you wish to discuss how your interests, background, life experiences, and perspectives would contribute to the diversity of the university community.

Resume

If required by the program, provide a resume detailing your work and educational experiences.

Patent and Invention Policy

UCF owns the intellectual property developed using university resources. The graduate student as inventor will according to this policy share in the proceeds of the invention. Refer to the UCF Patent and Invention Policy in the Graduate Catalog for more information.

Postcard

Please self-address the postcard on the back cover, add postage, and return it with your application.

Student Health Services—Health Form

The Health Form must be completed prior to enrollment at the university, although it is not necessary or considered during the admission process. Please be sure to complete and return this form now even if you are exempt from immunizations.

Students enrolled in course work for which attendance on the main campus, branch campus, or other designated center is not required (i.e., students receiving instruction via electronic media, correspondence, and other nontraditional education delivery systems) are exempt from proving immunity.

Instructions - Take the Health Form with you when you are immunized. Have the health care provider sign, date, and stamp the Health Form in the documentation section. We recommend that you keep a copy of the completed form for your own records. Refer to the detailed instructions on the front of the Health Form for more information about the required immunizations, exemptions from proving immunity, and acceptable forms of documentation.

If you have questions about this form, contact the Immunization Coordinator (407/823-3707 or bjobes@mail.ucf.edu).

FINANCIAL SUPPORT

Graduate students may seek financial support from various sources while pursuing their degree at UCF. Financial assistance is available in the form of fellowships, assistantships, tuition support, or loans.

Fellowships

All students who have completed the graduate admissions application process, including GRE/GMAT testing, are automatically considered for fellowship awards. Most university fellowships do not require a separate fellowship application; however, a few university fellowships do. Contact the Office of Graduate Studies at 407/823-6497 or gradfaid@mail.ucf.edu for more information on graduate fellowships. Our website at www.graduate.ucf.edu also includes detailed information about financial assistance for graduate students.

To be considered for need-based fellowships, the Free Application for Federal Student Aid (FAFSA) is required. The FAFSA may be completed on-line at www.fafsa.ed.gov/.

Assistantships

UCF graduate students may be employed by their department in the capacity of a Graduate Teaching Assistant (GTA), Graduate Research Assistant (GRA), or Graduate Assistant (GA). These students have the opportunity to teach, conduct research, or perform other tasks for departments. Assistantships provide tuition support if funding is available. For information on assistantships or tuition funding, contact your program of study or program coordinator.

Part-time Employment

For information about part-time employment (other than graduate assistantships), contact the UCF Career Resource Center (407/823-2361).

Loans and Other Financial Aid

For information on applying for other financial aid programs such as Stafford loans, see the UCF Office of Student Financial Assistance website at pegasus.cc.ucf.edu/~finaid.
Important Addresses and Telephone Numbers

University of Central Florida Web
www.ucf.edu

Admissions
Office of Graduate Studies
University of Central Florida
Millican Hall, Room 230
PO Box 160112
Orlando, FL 32816-0112
407/823-2766
Fax: 407/823-6442
E-mail: graduate@mail.ucf.edu
www.graduate.ucf.edu

Fellowships
Office of Graduate Studies
University of Central Florida
PO Box 160112
Orlando, FL 32816-0112
407/823-6497
Fax: 407/823-6442
E-mail: gradfaid@mail.ucf.edu
www.graduate.ucf.edu

Graduate Catalogs
The Graduate Catalog is published at www.graduate.ucf.edu.

Financial Aid
Office of Student Financial Assistance
407/823-2827
Fax: 407/823-5241
E-mail: finaid@mail.ucf.edu
pegasus.cc.ucf.edu/~finaid

FAFSA Express
www.ed.gov/offices/OPE/express.html

College of Arts and Sciences
Arts and Sciences Bldg., Room 190
407/823-5167
E-mail: graduate@mail.ucf.edu

College of Business Administration
Business Admin. Bldg., Room 240
407/823-2184
E-mail: oss@bus.ucf.edu

College of Education
Education Bldg., Room 109
407/823-2021
E-mail: edugrad@pegasus.cc.ucf.edu

College of Engineering and Computer Science
Engineering Bldg., Room 281
407/823-2796
E-mail: gradengr@mail.ucf.edu

School of Optics
CREOL Bldg., Room 209
407/823-6986
E-mail: graduate@creol.ucf.edu

College of Health and Public Affairs
Health and Public Affairs Bldg., Room 201, 407/823-2211
E-mail: hpainfo@pegasus.cc.ucf.edu

UCF Brevard Campus
1519 Clearlake Road
Cocoa, FL 32922
Admissions—407/632-1111
Financial Assistance—407/823-2102

UCF Downtown
36 West Pine Street
Orlando, FL 32801
407/317-7700

UCF South Orlando Center
Orlando Central Park
7300 Lake Ellenor Drive
Orlando, FL 32809
407/856-6585

Career Resource Center
SRC 185, 407/823-2361
Fax: 407/823-5909
KnightLink (jobline): 407/823-6200

UCF Counseling and Testing Center
SRC 203, 407/823-2811

Student Disability Services
Millican Hall, Room 149
407/823-2371

Student Health Services
407/823-2701
Immunization Coordinator
407/823-3707
Fax: 407/823-3135
E-mail: bjobes@mail.ucf.edu

Make applying for graduate admission even easier . . .

Apply Online!
www.graduate.ucf.edu

Online application with password protection . . .
Faster completion, faster admission decision
Graduate Application for Admission

Please remember to include your $20 application fee (check or money order in U.S. currency made payable to the University of Central Florida) with this application. UCF does not offer a waiver for payment of the application fee.

**Biographical Information**

Family or Last Name | First Name | Middle or Maiden Name
---|---|---

Name on Transcript | Social Security Number

Sex | Female | U.S. Citizen
Male | Resident Alien

Birthdate

Birth Nation _______________________________

Ethnicity: | American Indian | Asian or Pacific Islander | Black (not Hispanic)
---|---|---|
Hispanic | White (not Hispanic) | Other

E-mail Address (if available)

**Local Address**

Telephone | Street or PO Box
---|---

City | State | ZIP + 4 Code | County of Residence

**Emergency Contact**

Name | Relationship
---|---

Street or PO Box

City | State | ZIP + 4 Code | Telephone

**Program Information**

Entry year and term? Year ________ Term | Fall/August | Spring/January | Summer/May | Summer/June

Anticipated degree?

Program Code | Program Name
---|---

Which campus do you plan to attend? | Main campus | South Orlando Center
---|---|---
Daytona Beach campus | Brevard campus
UCF Downtown | FGCU campus

**Academic Record**

Highest degree earned? | Bachelor’s | Master’s | Specialist | Doctorate
---|---|---|---|---

College/University | City/State | Dates Attended | Date Degree Earned | Type of Degree
---|---|---|---|---

For Office Use Only

*APL*
Other Applicant Information

Have you applied to UCF within the last year? ☐ Yes ☐ No
Have you ever attended UCF? ☐ Yes ☐ No
Are you currently enrolled at UCF? ☐ Yes ☐ No
Anticipated registration status? ☐ Full-time ☐ Part-time

What other colleges or universities have you applied to?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

For Education applicants only

Were you previously certified? ☐ Yes ☐ No

Area(s) of certification: ________________________________________________________________

What fellowships or assistantships do you plan receiving?

☐ Fulbright Fellowship
☐ GEM (National Consortium for Graduate Degrees for Minorities in Engineering and Sciences, Inc.)
☐ McKnight Doctoral Fellowship
☐ National Science Foundation
☐ Other __________________________________________________

Test Dates

UCF must receive official copies of the required exam scores. The scores reported here are considered unofficial.

GRE

<table>
<thead>
<tr>
<th>Exam Date</th>
<th>Verbal Score</th>
<th>Quantitative Score</th>
<th>Analytical Score</th>
</tr>
</thead>
</table>

GRE SUBJECT

<table>
<thead>
<tr>
<th>Exam Subject</th>
<th>Exam Date</th>
<th>Exam Score</th>
</tr>
</thead>
</table>

GMAT

<table>
<thead>
<tr>
<th>Exam Date</th>
<th>Exam Score</th>
</tr>
</thead>
</table>

The TOEFL is required when an applicant is from a country where English is not the primary language or when an applicant’s bachelor’s degree is not from an accredited U.S. institution.

TOEFL

<table>
<thead>
<tr>
<th>Exam Date</th>
<th>Exam Score</th>
</tr>
</thead>
</table>

Applicant’s Signature

☐ Yes ☐ No Has any court or school authority found you to have disrupted or interfered with the orderly conduct, processes, functions, or programs of any educational institution? (If yes, provide details on an attached sheet.)

☐ Yes ☐ No Are you currently charged with or have you ever been convicted of a crime (even if adjudication was withheld) other than offenses involving $200 or less? (If yes, provide details on an attached sheet.)

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.

I hereby agree to abide by the policies of the Florida Board of Regents and the rules and regulations of the University. I also authorize the release of my academic progress for research study purposes to authorized institutions of education. Acceptance resulting from this application applies only to the term indicated herein.

Signature of Applicant ___________________________ Date ___________________________

Signature is required. Application will not be accepted without it.
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 the last twelve months. Residence in Florida must be as a bonafide 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 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. 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 in order to be considered for Florida residency classification.

Signature in Black Ink Date Social Security Number

Florida Residents

The person who is claiming legal residency should fill out this form. The person may be the applicant, or it may be someone other than the applicant who is claiming legal residency for the applicant.

Name of student Student’s high school
E-mail address Student’s Social Security Number
Name of person claiming Florida residency Relationship to student
Claimant’s permanent legal address Claimant’s telephone number
City State ZIP + 4 Code
Date claimant began establishing legal Florida residence and domicile
Claimant’s voter registration
State Voter Registration Number County Issue Date
Claimant’s driver license
State Driver License Number Issue Date
Claimant’s vehicle registration
State Vehicle Registration Number Issue Date
Non-U.S. citizen only (copy of both sides of card required)
Resident Alien Number Issue Date Country of Citizenship

For Office Use Only

If you are claiming Florida residency, complete the back of this form.
If you are claiming Florida residency for tuition purposes, list your (claimant's) work experience for the last 5 years.

<table>
<thead>
<tr>
<th>Position</th>
<th>Place of Employment</th>
<th>City</th>
<th>State</th>
<th>From month/year to month/year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are claiming Florida residency for tuition purposes, check the appropriate box below.

☐ I am an independent person and have maintained legal residence in Florida for, at least, the 12 months prior to the anticipated term of admission.

☐ 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 dependency.

☐ I am a dependent person who has resided for five years with an adult relative 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 dependency.

☐ 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.

☐ 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 that you paid in-state tuition while previously enrolled in a Florida institution.

☐ According to the U.S. Immigration and Naturalization Service, 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:** INS documentation and proof of residency status.

☐ I am a member of the armed services of the United States and I am 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 military order or DD2058 showing home of record.

☐ 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 employment verification.

☐ I am part of the Latin American/Caribbean Scholarship program. **Required:** Copy of scholarship papers.

☐ I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-secondary Expense Program, S.240.551FS. **Required:** Copy of card.

☐ 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.

☐ I am a Southern Regional Education Board's Academic Common Market graduate student. **Required:** Certification letter from State Coordinator.

☐ 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:** Copy of employment verification.

☐ I am a McKnight Fellowship recipient. **Required:** Verification from graduate admissions.

If you are claiming Florida residency for tuition purposes, read this information and sign below.

A notarized copy of your/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.

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. A copy of the marriage certificate is required in all cases of spouse claiming partner's residency. Additional documentation may be requested in some cases. Attach copies (if any) of documentation required. Sign and date this form.

“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 837.07, Florida Statutes, and to BOR Rule 6C-6.001(6), F.A.C.”

Signature of Person Claiming Florida Residency

Date
TO THE APPLICANT

Send this form to every undergraduate and graduate institution you have attended. This form may be copied as needed.

TO THE REGISTRAR

The applicant is applying to a graduate program at the University of Central Florida. Please help us in our managed application process by attaching 2 copies of the student’s official academic record to this form. Insert all materials into your institution’s envelope, seal it, and sign across the seal. Return the sealed envelope to the applicant, who will submit it unopened to the University of Central Florida. Thank you.

Name of Applicant _____________________________________________ Social Security Number ____________________________

Mailing Address ___________________________________________________________________________________________________

Street City State ZIP + 4 Code Telephone Number _____________________________________

---

TO THE APPLICANT

Send this form to every undergraduate and graduate institution you have attended. This form may be copied as needed.

TO THE REGISTRAR

The applicant is applying to a graduate program at the University of Central Florida. Please help us in our managed application process by attaching 2 copies of the student’s official academic record to this form. Insert all materials into your institution’s envelope, seal it, and sign across the seal. Return the sealed envelope to the applicant, who will submit it unopened to the University of Central Florida. Thank you.

Name of Applicant _____________________________ Social Security Number ____________________________

Mailing Address ___________________________________________________________________________________________________

Street City State ZIP + 4 Code Telephone Number _____________________________
UCF has limited financial assistance available for graduate study. Students awarded teaching or research assistantships may be assigned duties outside of their major department. Many graduate students, including some who are preparing for graduate programs and some who are in education working toward their first certification, are eligible to receive financial aid loans. Most nondegree-seeking students are not eligible for financial assistance.

Complete this form only if you wish to receive information or consideration for a graduate student assistantship. This form will be forwarded to your graduate program of study for employment consideration.

For graduate fellowship information and fellowship applications, refer to the Office of Graduate Studies website: www.graduate.ucf.edu.

Name _____________________________________________________________________________________________________________

Last First Middle Initial Other Name

Social Security Number _____________________________ E-mail Address ________________________________________________

Department to which you are applying or are enrolled __________________________________________________________________________________________

Use the following space and/or the back of this form to provide comments on your activities, goals, and research interests that give evidence of your creativity, motivation, initiative, or other characteristics that would indicate potential as a scholar. Include a brief description of your office skills and technology.
Recommendation for Graduate Applicant

TO THE APPLICANT

Complete this section and then give it to the recommender. Copy this form as necessary to provide the number of recommendations required by your program. For the convenience of the evaluator, please attach an envelope addressed to you.

Name of Applicant _____________________________________________ Social Security Number ____________________________

Mailing Address ___________________________________________________________________________________________________

Street City State ZIP + 4 Code

Telephone Number _____________________________

Program to which you are applying __________________________________________ Application Deadline _____________

Name, title, and address of Recommendor: ____________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

In compliance with the Family Rights and Privacy Act of 1974, please check one of the boxes below and sign before distribution to recommenders.

☐ I agree to respect the confidentiality of the recommendation and specifically waive any right of access.

☐ I elect to retain my right to review this recommendation.

Signature ______________________________________________________ Date ______________________________________________

TO THE RECOMMENDOR

Thank you for your willingness to evaluate this applicant for admission to a graduate program. We wish to determine the applicant’s aptitude for graduate study and potential for success in the chosen area. Your comments will be carefully considered by the admissions committee. Please place your completed recommendation in the envelope provided, seal it, sign over the seal, and return the envelope to the applicant.

How long have you known the applicant? _____________________________ In what relationship? ___________________________

Would you accept the applicant for a position (either as a student or employee) under your direct supervision?

☐ Yes ☐ No

Please rank the applicant in the following categories.

Potential for Graduate Study
☐ Recommend strongly ☐ Recommend
☐ Recommend with reservations ☐ Do not recommend

Ability to Work with Others
☐ Poor ☐ Below average
☐ Average ☐ Above average
☐ Excellent ☐ Do not know

Adaptability
☐ Poor ☐ Below average
☐ Average ☐ Above average
☐ Excellent ☐ Do not know

Emotional Stability
☐ Poor ☐ Below average
☐ Average ☐ Above average
☐ Excellent ☐ Do not know

Leadership Potential
☐ Poor ☐ Below average
☐ Average ☐ Above average
☐ Excellent ☐ Do not know

Signature ______________________________________________________ Date ______________________________________________

Title __________________________________________________________________________________

Institution or Firm ______________________________________________________________________

E-mail Address _________________________________________________________________________

*LTR*

Return recommendations (in sealed envelopes), if required by your program.
Make specific comments concerning the applicant’s competence, interest in proposed study, creativity, research ability, initiative, communication skills, knowledge of technology, ability to work with others, maturity, and an estimation of probability of success in the chosen area. If the applicant’s native language is other than English, evaluate his/her English proficiency.

Describe any notable strengths, interests, skills, or training of this applicant.

Describe any reservations you have or potential weaknesses you see in the applicant.
Please use this form for your essay or statement, if required by your program. Check the type of form you are submitting. If a program requires more than one statement, copy this form as needed. In addition to the program’s requirements for this essay or statement, you may wish to discuss how your interests, background, life experiences, and perspectives would contribute to the diversity of the university community. If applicable, you may also describe disadvantages that may have adversely affected your past performance or that you have successfully overcome, including such disadvantages as linguistic barriers or a personal or family history of cultural, educational, or socioeconomic disadvantage.

Check one:  □ Essay  □ Goal Statement  □ Research Statement  □ Personal Statement

Name _____________________________________________________________________________________________________________

Last First Middle Initial Other Name

Social Security Number ___________________________________________ E-mail Address ___________________________________________

Department to which you are applying or are enrolled _______________________________________________________________

Use this space and the back of this form for your essay or statement.
IMMUNIZATION

In order for a student to register, the State University System of Florida requires documented proof of the student’s immunity to measles (Rubeola) and German measles (Rubella) if they were born AFTER 1956. Proof of these immunities may be through one of the following methods and commonly can be obtained from your personal physician’s office:

A. Medical documentation of immunization with TWO (2) doses of live measles virus (Rubeola) vaccine at least 28 days apart on or after the first birthday and in 1968 or later. Dates noted on proof document must include the month and day, in addition to the year if given before the student was 15 months old. For Rubella (German measles), documentation of immunization with live rubella virus vaccine on or after the first birthday in 1968 or later is required. The date must also include the month and day in addition to the year if it was given before 15 months of age.

B. Laboratory (“serologic”) document proving Rubeola immunity (called a “titer” blood test). This must be on a laboratory report form. Laboratory document proving Rubella immunity (titer) on a laboratory form.

C. A written, dated statement signed by a physician on his/her stationery which specifies the date seen and positive verification that the physician diagnosed a case of ten-day measles (Rubeola).

EXEMPTIONS FROM PROVING IMMUNITY

A. Must produce a letter signed by a physician on his/her stationery, stating the reason for exemption and whether it is a temporary or permanent exemption. (i.e. - Females who may possibly be pregnant should not be vaccinated.);

B. Religious exemption, requested on church stationery, signed by a minister, priest, rabbi, or head of church;

C. Documentation not needed if student was born in 1956 or before;

D. Students enrolled in course work for which attendance on the main campus, branch campus, or other designated center is not required (i.e., students receiving instruction via electronic media, correspondence, and other nontraditional education delivery systems).

ACCEPTABLE FORMS OF DOCUMENTATION

The following documents are acceptable proof of immunity to measles and rubella, provided that the dates are acceptable as specified above: HRS forms; childhood immunization cards signed by a physician or nurse with the name of the facility; school records; military service records; blood test documents.

IF YOU HAVE NO DOCUMENTED PROOF

If a student has no documentation of measles vaccinations, the student should receive the shots at the time of entry into the university, with the second dose 28 days later.

Vaccinations and titer tests can be received at your Public Health Department, private physicians’ offices, walk-in clinics, or at the UCF Student Health Center. (Please note: Registration periods are very busy at the Student Health Center and you may encounter backups!)

You will not be allowed to register without proof of immunization, immunity, or exemption. Failure to have all required documentation submitted in advance may significantly complicate and delay your registration!
As a prerequisite to matriculation or registration, the State University System of Florida requires all students born after 1956 to present documented proof of immunity to RUBEOLA (Measles) and RUBELLA (German Measles). See reverse side for complete immunization policy.

Proof includes this form properly completed, stamped, and signed by your physician, OR, health department records, doctor’s records, or school records attached to this form. Incomplete forms will not be accepted.

**Rubeola**
(Measles)

**Rubella**
(German Measles)

**MMR (Measles-Mumps-Rubella)** May be given instead of individual immunizations.

Florida Administrative Code Rule 6C-6.001(4) requires each student, prior to registration, to submit a medical history form, provided by the institution, and signed by the student.

Your signature is mandatory. You will be unable to register if you fail to complete, sign, and return this form to UCF Student Health Services.

---

Physician/Authorized Signature Date Office Address Stamp

Positive titers (IgG blood tests) may also be submitted as proof of immunity, in lieu of vaccinations. Copies of lab results must accompany this form.

---

For office use only: