Return completed form to:

Registrar's Office | Millican Hall 161 P.O. Box 160114, Orlando, FL 32816-0114 407.823.3100 | registrar@ucf.edu

OS

INFORMATION

This form is for use by Florida high school graduates only. It is not for use for any other waiver offered at UCF. Complete all parts of this form.

This form **MUST** be submitted to the Registrar's Office, **in person to Millican Hall room 161**, **via mail**, **or as a scanned attachment in an email** to <u>residencyreview@ucf.edu</u> **by the first day of classes** for the term the waiver is sought (see the <u>Academic Calendar</u> for term start dates).

Please type or print all sections below legibly.		
Student's Name (First, Middle/Maiden, Last)		UCFID
UCF Email		Telephone
Permanent Home Address		
City	State	Zip
Local Home Address		
City	State	Zip
CRITERIA		
Effective July 1, 2025: F and fees as dictated by		llowing conditions are eligible for a waiver of out-of-state tuition
Criteria: (check a	Il that apply)	
☐ Attended a Flo	orida secondary school for 3 consecutive years immedia	ately before graduating from a high school in this state.
☐ Apply for enro	Ilment in an institution of higher education within 24 mor	nths after high school graduation.
☐ Submit an offi	cial Florida high school transcript as evidence of attenda	ance and graduation.
☐ You must be a	a U.S. citizen or lawfully present in the United States.	
SIGNATURE		
	I hereby certify to the University of Central Flore graduating from a high school in this state.	orida that I attended a Florida secondary school for 3 consecutive
Student Signature		Date
DO NOT COMPLETE	Ξ – INFORMATION BELOW THIS LINE FOR REGISTR	AR'S OFFICE USE ONLY
Processed By		Date
Documents Verified (list all fro	m above that apply)	