Return completed form to:

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

OS

INFORMATION

PERSONAL 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 ROResidency@ucf.edu by the first day of classes for the term the waiver is sought (see the Academic Calendar for term start dates).

Please type or print all sections below legibly.		
Student's Name (First, Middle/Maiden, La	ast)	UCFID
UCF Email		Telephone
Permanent Home Address		
City	State	Zip
Local Home Address		
City	State	Zip
CRITERIA		
	States and meet the following condit	Florida Residency for Tuition Purposes, who are U.S. citizens or tions, are eligible for a waiver of out-of-state tuition and fees as
1. Attended a secondary	y school in this state for 3 consecutive	e years immediately before graduating from a high school in this state;
2. Apply for enrollment i	n an institution of higher education w	ithin 24 months after high school graduation; and
3. Submit an official har	d copy Florida high school transcript	as evidence of attendance and graduation.
SIGNATURE		
By my signature below, I here	eby certify to the University of Centra duating from a high school in this sta	I Florida that I attended a Florida secondary school for 3 consecutive te.
Student Signature		
DO NOT COMPLETE - INI	FORMATION BELOW THIS LINE FOR REGI	STRAR'S OFFICE USE ONLY
Processed By		Date
Documents Verified (list all from above	ve that apply)	