



College of Education
Application for Admission
University South Florida St. Petersburg

Semester: Fall (20\_\_\_\_) Spring (20\_\_\_\_) Summer (20\_\_\_\_)

Name: \_\_\_\_\_
(Last Name) (First) (Middle/Maiden)

Student I. D. Number \_U\_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

I authorize the Academic Advising Center to initiate personal academic correspondence with me via e-mail.

[ ] Yes [ ] No

Preferred E-mail address (PLEASE PRINT LEGIBLY): \_\_\_\_\_

Local address:

Street/P.O. Box City, State Zip Code

Entrance Requirements: CLAST, PRAXIS and/or FTCE General Knowledge Test

(Please provide a copy of GKT scores to Advising Center ASAP.)

Reading/Date Passed Writing/Date Passed Math/Date Passed Essay/Date Passed

I hereby acknowledge that I am responsible for all graduation requirements as outlined in the academic policies and college section of the USFSP undergraduate catalog (available on-line at http://www.usfsp.edu/academic-programs/) including the residency requirement that 30 of the last 60 credit hours must be from USFSP.

IMPORTANT NOTICE: Students will be charged the Excess Hours Surcharge required by the State of Florida for hours beyond 10% of those required for the degree (120 hrs.) / (Mass Communications = 124 hrs.)

Student's Signature Date