



**SCHOOL OF PHYSICAL THERAPY
& REHABILITATION SCIENCES**

**DOCTOR OF PHYSICAL THERAPY DEGREE PROGRAM
APPLICANT DATA SHEET - RESIDENCE CLASSIFICATION**

First Name _____ **MI** _____ **Last** _____

Surname _____ **Place of Birth** _____
City, State, County, Country

S.S. # ____ - ____ - ____ **DOB** ____/____/____ **Gender:** M____ F____ **Race** _____

Home Phone: (____) ____ - ____ **Cell Phone:** (____) ____ - ____ **Email:** _____

CURRENT ADDRESS:

Street _____ **City** _____ **State** _____ **Zip** _____

County: _____

Dates: From: _____ (MM/YYYY) **To:** _____ (MM/YYYY)

PERMANENT ADDRESS:

Street _____ **City** _____ **State** _____ **Zip** _____

County: _____

Dates: From: _____ (MM/YYYY) **To:** _____ (MM/YYYY)

PREVIOUS ADDRESSES UP TO 5 YEARS:

Street _____ **City** _____ **State** _____ **Zip** _____

County: _____

From: _____ (MM/YYYY) **To:** _____ (MM/YYYY)

RESIDENCE INFORMATION:

Incomplete information will result in a preliminary determination of non-resident.

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. Additional documentation other than what is required below may be requested in some cases.*

1. Name of student: _____ 2. Student's SSN #: _____

3. Person claiming Florida residence: _____ 4. Claimant's relationship to student: _____

5. Claimant's permanent legal address: _____

6. Claimant's telephone number: () _____ 7. Date claimant began establishing legal Florida residence and domicile: _____ | _____ | _____

8. Claimant's voter registration: State: _____ Number: _____ County: _____ Issue Date: _____ | _____ | _____

9. Claimant's driver's license: State: _____ Number: _____ Issue Date: _____ | _____ | _____

10. Claimant's vehicle registration: State: _____ Number: _____ Issue Date: _____ | _____ | _____

11. Non-U.S. Citizen only: Permanent Resident Alien number _____ Issue Date: _____
(copy of both sides of card is 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 F.S. 837.06, and BOT Rule 6C-6.001 (F.A.C. 60).

Signature: _____ Date: _____

Citizenship: US Citizen _____ Permanent Resident _____

If not a US Citizen, country of citizenship _____

<u>Educational History</u>					
List all previous and current institution(s). Attach additional sheets as necessary.	Location (City, State)	Date of Entrance	Date of Departure	Type of Degree Received	Office Use Only

Employment History

Current Employer: _____

Location (City, State): _____

Dates (MM/YYYY): _____ to _____ (MM/YYYY) Phone: () _____ - _____

Certification- I, the undersigned, do hereby attest that my application to the School of Physical Therapy & Rehabilitation Sciences, USF College of Medicine is true and correct to the best of my knowledge. I have read the entire "Instructions for Completion of an Application Portfolio" and realize that failure to follow these instructions and submit the required supporting documentation in a timely fashion may jeopardize the consideration of my application for admission to the DPT degree program.

Signature: _____ Date: _____