

Senior Citizen Registration Guide

USF welcomes Florida residents who are 60 years or older to discover course enrollment opportunities and lifelong learning. This guide is designed to assist you as you navigate the USF Sarasota Campus. Be sure to read the General Information section of this guide to learn about USF policies and procedures which pertain to the Senior Citizen student.

USF Identification Card

- The cost for both your original card and any replacement cards is \$10.00 each. The Sarasota-Manatee Campus USFCard Center is located inside the main rotunda at B116. Normal hours of operation are: Monday -Thursday, 8:30 a.m.-5:00 p.m.; Friday, 8:30 a.m.-5:00 p.m. For information, call (941) 359-4220.

Parking Information

- Parking permits are required to park at the University of South Florida, Sarasota-Manatee Campus. Parking Permits may be purchased from Parking Services located inside the main rotunda at B116.

E-Mail Accounts

- After registering, Senior Citizen Audit students can establish a University e-mail account.
- Visit the Academic Computing website: <http://www.acomp.usf.edu/>.

General Information

Registration Instructions

- Please complete and bring, mail, or fax completed forms to the Registration Office by the 5th day of the semester. Fax number is: (941) 359-4701. The Registration Office will process registration forms by 5:00 p.m. on the 6th day of the semester. Students do not need to be present as forms are processed automatically. Registration forms submitted prior to the 6th day of the semester will be held until the registration date. Students may verify enrollment on OASIS <http://usfonline.admin.usf.edu/>

The Registration Process

- *Space Available Registration:* Senior Citizen Audit registration is on a “space available” basis. Many high demand courses are already filled by degree-seeking students prior to the Senior Audit Registration date therefore students may not pre-register for courses for which they plan to use the Senior Citizen Tuition Waiver. The waiver will not be processed if a Senior Citizen pre-registers and then submits a Senior Citizen tuition waiver form for those courses.
- *Course Approval/Permission:* Many courses require departmental approval, prerequisites or have other restrictions which limit registration. If you are aware of those restrictions, you may request the necessary permits in advance of registration. There is a Registration Worksheet form to accomplish this. Additionally, permits may be submitted electronically in OASIS by the issuing department. Under no circumstance will notes on plain paper without department letterhead be accepted.
- *Tuition Waiver:* It is the student’s responsibility to complete and submit the waiver form allowing sufficient time for the form to reach The Office of the Registrar by the registration deadline.

Residency

- *Florida Residency for In-State Tuition Status:* To qualify for in-state tuition, you must be a U.S. citizen, Permanent Resident Alien (with “green card”) or a legal alien granted indefinite stay by the U.S. Bureau of Citizenship and Immigration Services. You must have established a primary residency in Florida and have maintained a physical presence in Florida for at least 12 months prior to the first day of classes and provide proper supporting documents. You must provide the following, as proof of Florida Residency: Florida Drivers’ License or Florida ID card issued by The Department of Motor Vehicles, Florida Motor vehicle registration, or Florida voter’s registration. *NOTE: Please provide the State, number, and original issue date of your drivers’ license rather than any renewal dates.* Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes.

USF Sarasota-Manatee 8350 N Tamiami Trail C107, Sarasota, FL 34243 (941) 359-4330

SENIOR CITIZEN TUITION WAIVER APPLICATION

Student Name: _____

Social Security No.: _____

The University of South Florida protects the social security numbers of all individuals which are in its possession. As required by Florida law (119.071 (5)), USF provides written notice to persons of the potential uses for the number at <http://it.usf.edu/standards/ssn>.

Term/Year of Registration: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Gender: _____ **Date of Birth:** _____

Address: _____
Street & Number City State Zip County

Telephone (include Area Code): _____

E-mail Address: _____

Emergency Contact: _____
Last First Middle/Maiden

Address: _____

Are you a citizen of the United States? Yes No Are you a U.S. permanent resident (Green Card Holder)? Yes No

What is your nation of Citizenship: _____

Visa Type (check one) F-1 F-2 J1 J2 Other _____

Ethnicity(Please check One): Hispanic or Latino Yes No

Race (please check all that apply): American Indian or Alaskan Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

Home Campus: Tampa St. Petersburg Sarasota Polytechnic

Have you ever been charged with or subject to disciplinary action for scholastic or any other type of conduct at any educational institution? Yes No

Have you ever been arrested or charged with a violation of law which resulted in probation, community service, a jail sentence, revocation of your driver's license or in a fine of \$200.00 or more? Yes No

If your answer to either of the foregoing is "yes," you must submit a full statement of relevant facts on a separate sheet attached to this form, and you are required to furnish the university with copies of all official documents explaining the final disposition of the proceedings. If your records have been expunged pursuant to applicable law, you are not required to answer yes to this question. The University will undertake to expeditiously review your request for enrollment; however, your registration is conditional until the review is complete.

I certify that the above information is correct and complete and understand that falsifying or withholding information may result in disciplinary action and withdrawal from the University. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this University.

Applicant Signature

Date

OFFICE OF THE REGISTRAR

University of South Florida • 4202 East Fowler Avenue, SVC 1034 • Tampa, Florida 33620-6950
(813) 974-2000 • Fax (813) 974-5271 • www.registrar.usf.edu

DO NOT WRITE IN THE SHADED BOX

New FSR

Continuing

Residency

Initials _____ Date _____

This worksheet must be submitted in addition to the Senior Citizen Tuition Waiver Registration Form. Completing this worksheet does not guarantee registration in the courses requested. It is the student's responsibility to attain the appropriate approvals if the course the student wants to take is closed or needs departmental approval.

This worksheet is valid only for the term indicated.

Student Name: _____

Student ID: _____

Term/Year of Registration: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

List Preferred Courses Below:

CRN	Prefix	Number	Section	Permit	Closed Section	Dept. Restriction	Approval Stamp

List Alternative Courses Below:

CRN	Prefix	Number	Section	Permit	Closed Section	Dept. Restriction	Approval Stamp

_____ Student Signature

_____ Date

Information for Residency Classification

A 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 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 Bureau of Citizenship and Immigration Services. 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 Florida Board of Education. 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. (s.1009.21, F.S.)

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 and that 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 to be considered for Florida residency classification.

Signature (in ink): _____ Date: _____

Florida Residents

This section must be completed in full if you claim Florida residency for tuition purposes.

- **Attach copies of required documentation** (if any).
 - A notarized copy of your and/or 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 has been provided by another as defined by the Internal Revenue Service.
 - Independent:** A person who provides more than 50% of his/her own support.
 - A copy of the marriage certificate is required in all cases of spouse claiming partner's residency.
- A. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C. 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.)
- D. 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, claimant's voter registration, driver's license, and vehicle registration.)
- E. 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.
- F. According to the Bureau of Citizenship and Immigration Services, 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:** immigration documentation and proof of Florida residency status.)
- G. I am a **member of the armed services** of the United States stationed in Florida on active military duty pursuant to military orders, my home of record is Florida, or I am a **member's spouse or dependent child**. (**Required:** copy of military orders or DD2058 showing home of record.)
- H. 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. I am part of the **Latin American/Caribbean Scholarship program**. (**Required:** copy of scholarship papers.)
- J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s. 1009.98, F.S.). (**Required:** copy of Florida prepaid recipient card.)
- K. 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.)
- L. 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.
- M. I am a **Southern Regional Education Board's Academic Common Market** graduate student. (**Required:** certification letter from State Coordinator.)
- N. I am a **McKnight Fellowship** recipient. (**Required:** verification from Graduate Studies.)
- O. I am an **active member of the Florida National Guard** who qualifies under s.250.10 (7) and (8) for the tuition assistance program.
- P. I am an **active duty member (or the spouse of the member) of the Armed Services** of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such a military establishment is within a county contiguous to Florida.
- Q. I am an **active duty member (or the spouse or dependent child of a member) of the Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is stationed.

Person claiming residency must complete this section in full.

- 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 being sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

Please Print:

1. Name of Student: _____ 2. Student's Social Security Number: _____ / _____ / _____
 3. Name of person claiming Florida residency: _____ 4. Claimant's relationship to student: _____
 5. Claimant's permanent legal address: _____ 6. Claimant's telephone number: (_____) _____

Street/P.O. Box	Apt. No.	City	State	Zip Code
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: _____	Tag Number: _____		Issue Date: _____ / _____ / _____
11. Non-U.S. Citizen only :	Resident Alien Number: _____			Issue Date: _____ / _____ / _____

(copy of both sides of card 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 837.06, Florida Statutes, and to FBOE Rule 6C-7.005 F.A.C.

Signature of person claiming Florida residency (as listed in Item #3 above)

Date

Revised 6/2004

SECTION I - MEDICAL HISTORY FORM 2011-2012

<http://www.shs.usf.edu/>

LAST/FAMILY NAME	FIRST/GIVEN NAME	MI	U#
STREET ADDRESS		PHONE NUMBER	
CITY, STATE, ZIP, COUNTRY		EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY) ____/____/____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
ENTERING SEMESTER <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		<input type="checkbox"/> Indeterminate	
COUNTRY OF ORIGIN <input type="checkbox"/> USA		<input type="checkbox"/> Other country, specify:____	

SIGNATURE REQUIRED

Per Florida Rule 6C-6.001, my signature below signifies that the medical history information provided is true and complete to the best of my knowledge. I further acknowledge receipt and understanding of the immunization information provided by USF SHS. <http://www.shs.usf.edu/>

Signature _____ Date _____

USF SHS provides detailed information concerning risks associated with meningitis and hepatitis B and the availability, effectiveness and known contraindications of these required vaccines. Please [click here](#) for printable CDC vaccine information statements. **DISCLAIMER/NOTICE:** Information collected on this form is for registration purposes only and does not create a medical record and is not reviewed by medical personnel. Should you become a SHS patient, this document may be retrieved to expedite initial medical appointment and may then become part of your medical record.

SECTION II - IMMUNIZATION HISTORY

A, B, and C must be completed (or supporting documentation must be emailed or faxed along with this document). This is a requirement for registration.

A. Measles/Mumps/Rubella (Select ONE of the following):

<input type="checkbox"/> MMR (Measles/Mumps/Rubella) Dates of 2 doses MMR #1 _____ MMR #2 _____	<input type="checkbox"/> Measles (Rubeola)-Dates of 2 doses OR attach a copy of lab titer (IgG) Measles #1 _____ OR Attach a copy of Lab Titer Measles #2 _____ <input type="checkbox"/> Rubella (German Measles)-Date of dose OR attach a copy of lab titer (IgG) Rubella #1 _____ OR Attach a copy of Lab Titer	<input type="checkbox"/> I was born before 12/31/1956 therefore this vaccination requirement does not apply to me.
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B. Meningitis Vaccine at age 16 or later (Select ONE of the following):

Date of vaccination: _____

I will not be living on campus and decline receipt of the Meningitis vaccine.

RESIDENTIAL STUDENTS NOTE: This is a requirement for all students who will live on the USF campus. No student will be assigned a USF residence hall room until proof of meningitis vaccination is received by USF Student Health Services. <http://www.housing.usf.edu/index.html>

C. Hepatitis B Vaccine (Select ONE of the following):

Dates of vaccination: Hep B #1 _____ Hep B #2 _____ Hep B #3 _____

I decline receipt of the Hepatitis B vaccine.

D. An official stamp from a doctor's office, clinic, or Health Department **AND** an authorized signature must appear on this form or on the official document(s) attached in order to be accepted:

Name and address of clinic OR Physician (Facility) Stamp

Authorized Signature & Date

Mail your completed form and any copies of records or lab reports, if applicable, to the campus where you will be attending class.

<p>Tampa Campus 4202 East Fowler Avenue SHS100 Tampa, FL 33620-6750 Phone: (813) 974-4056 Fax: (813) 974-5888 Email: immunization@shs.usf.edu</p>	<p>Polytechnic Campus 3433 Winter Lake Road – Student Affairs Lakeland, FL 33803 Phone: (863) 667-7000 Fax: (863) 667-7096 Email: immunization@poly.usf.edu</p>	<p>Sarasota Campus Counseling & Wellness Center – CWC 120 5805 Bay Shore Road Sarasota, FL 34243 Phone: (941) 487-4254 Fax: (941) 487-4256</p>	<p>St. Petersburg Campus Records and Registration DSO, International Students 140 Seventh Avenue South, BAY 102 St Petersburg, FL 33701 Phone: (727) 873-4361 Fax: (727) 873-4FAX morin@mail.usf.edu</p>
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