

GLOBAL UCF

UNIVERSITY *of* CENTRAL FLORIDA

APPLICATION

Channel Partner Stamp Here (if applicable)

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED.

PERSONAL DETAILS

Name must appear exactly as shown in applicant's passport.

Given name/First name:
Surname/Last name:
Gender:
Date of birth (DD/MM/YYYY):
City of birth:
Country of birth:
Country of citizenship:
Passport number:
Passport date of expiration (DD/MM/YYYY):

CONTACT DETAILS

Permanent non-U.S. home address:

Street (or physical address):		
City:		
State/province:		
Postal code:		
Country:		
Mobile telephone: +[]		
Home telephone: +[]		
Applicant's email:		
Applicant's mailing address in the USA (if applicable):		
City:	State:	Postal code:

CHANNEL PARTNER INFORMATION (IF APPLICABLE)

Channel partner, Name:
Branch (if applicable):
Recruiter name (if applicable):
Recruiter email (if applicable):

EMERGENCY CONTACT

Given name/First name:
Surname/Last name:
Relationship:
Address:
City:
State/province:
Postal code:
Country:
Home telephone: +[]
Email:

SELECT YOUR ROUTE TO GLOBAL UCF

<input type="checkbox"/> Global UCF: Global Achievement Academy (GAA 2 UI) – 2 semesters
<input type="checkbox"/> Global UCF: Global Achievement Academy (GAA 2) – 2 semesters
<input type="checkbox"/> Global UCF: Global Achievement Academy (GAA 3) – 3 semesters
<input type="checkbox"/> Pre-session English

INTENDED MAJOR

Write in Major: _____

For a full list of degree offerings go to: <http://www.globalucf.com/degrees>

INTENDED START DATE

Indicate year and semester you wish to start.

Year: 20 ____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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EDUCATION DETAILS & HISTORY

English Proficiency – Official exam results must be provided.

IELTS total score:
Date taken or scheduled (DD/MM/YYYY):
TOEFL iBT total score:
Date taken or scheduled (DD/MM/YYYY):
Have you taken another English language exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide copies of results with application.

Advanced Tests (if applicable)

SAT Total Score:	SAT Date (DD/MM/YYYY):
ACT Total Score:	ACT Date (DD/MM/YYYY):

Secondary School/High School – All transcripts must be provided.

Name of School Attended:	
City:	
Country:	
From (DD/MM/YYYY):	To (DD/MM/YYYY):
(Anticipated) Date of graduation (DD/MM/YYYY):	
Have you attended additional schooling? <input type="checkbox"/> Yes* (see below) <input type="checkbox"/> No	

*Additional Schooling

Type:	<input type="checkbox"/> Secondary School/High School	<input type="checkbox"/> Post-Secondary School/University
	<input type="checkbox"/> Vocational	<input type="checkbox"/> English Language
	<input type="checkbox"/> Foundation Program	<input type="checkbox"/> Other: _____
Name of school attended:		
City:		
Country:		
From (DD/MM/YYYY):	To (DD/MM/YYYY):	
(Anticipated) Date of graduation (DD/MM/YYYY):		
Have you attended additional schooling? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No		
Additional university credits/programs:		
<input type="checkbox"/> International Baccalaureate (IB)		
<input type="checkbox"/> Advanced Placement (AP)		
<input type="checkbox"/> Cambridge Program (AICE)		

*Additional Schooling

Type:	<input type="checkbox"/> Secondary School/High School	<input type="checkbox"/> Post-Secondary School/University
	<input type="checkbox"/> Vocational	<input type="checkbox"/> English Language
	<input type="checkbox"/> Foundation Program	<input type="checkbox"/> Other: _____
Name of school attended:		
City:		
Country:		
From (DD/MM/YYYY):	To (DD/MM/YYYY):	
(Anticipated) Date of graduation (DD/MM/YYYY):		
Have you attended additional schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FORM I-20

Do you have a Form I-20 from another institution in the United States?

Yes No Expired I-20 End Date (DD/MM/YYYY) _____

If "Yes" or "Expired," please provide a copy with your application materials.

DEPENDENTS

Dependents are defined as spouses and/or unmarried children under 21.

Do you have dependents you would like to add to your I-20?

Yes No

MEDICAL INSURANCE REQUIREMENT

I understand Global UCF will provide a required 12 months of medical coverage upon my arrival in the United States, at a cost of \$2,000 USD. At the end of 12 months, I will be required to extend the initial coverage. This fee changes annually and is correct at the time of printing.

SPONSORED STUDENTS

Sponsored Students are defined as any student receiving a sponsorship from their local government, organization, or agency.

Check if applicable:

I have guaranteed sponsorship from my local government, organization, or agency. Name of Sponsor Body:

I anticipate having sponsorship at some time during my study. Name of (Anticipated) Sponsor Body:

PERSONAL STATEMENT

1. Have you ever been subject to disciplinary action or do you currently have a disciplinary charge pending by any educational institution for academic misconduct, such as cheating? (You do not need to disclose any academic dismissal, suspension or probation that was due to poor grades.)

Yes No

2. Have you ever been subject to disciplinary action or do you currently have a disciplinary charge pending by any educational institution for behavior misconduct, such as fighting?

Yes No

3. Have you ever been convicted of or charged with a criminal offense or are you currently the subject of any criminal proceeding?

Yes No

If you answered 'yes' to any of the above questions, please submit a separate sheet that gives the circumstances and approximate date of each incident.

DECLARATION

- I declare that the information I have supplied on this form is complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrollment and/or loss of visa status.
- I understand that if I have a minimum score of TOEFL iBT 80 or IELTS 6.5, I can apply for direct entry into a degree program at UCF, rather than to Global UCF. If I apply directly to UCF, I understand that my admission is not guaranteed and that I must meet UCF's degree program admission requirements and deadlines, as set by UCF's Office of Undergraduate Admissions. I understand that these requirements are listed at <http://admissions.ucf.edu/apply/international> and that they may change from time to time.
- I give UCF and the Global UCF permission to obtain official records from any educational institution attended by me. I give UCF permission to provide Global UCF with any information pertaining to my application of study, my ongoing academic progress and my results and attendance for the purposes of evaluating my admissibility and progression status.
- I grant UCF and Global UCF permission to provide my parent(s), guardian(s), sponsor(s) and recruiter when requested, with any information pertaining to my application to study, ongoing academic progress, results and attendance.
- I understand that after I commence my studies with Global UCF, I will need to successfully complete the program and meet the minimum required progression standards before I can continue my studies at UCF.
- I understand that tuition and fees may change without notice. I accept responsibility for payment of all relevant tuition and fees, and I agree to abide by Global UCF refund policy, as outlined in the terms and conditions.
- I understand that living expenses in the United States may be higher than in my own country and I confirm that I have the financial ability to meet these costs.
- I have read and understand the attached program terms and conditions and understand that the most updated copy may be found at ucf.edu and globalucf.com.

APPLICANT'S SIGNATURE

Date (DD/MM/YYYY):

PARENT OR GUARDIAN SIGNATURE (if applicant is under 18)

Date (DD/MM/YYYY):

APPLICATION SUBMISSION

Scan and email completed application to admissions@globalucf.com.