



Reactivation Application

This application is for students who have applied or been accepted within the past three years and have never attended USF. This will become a part of your permanent file at USF.

Name _____
Last First Middle Maiden

Address _____
Street City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Gender: F M

Social Security Number: _____ - _____ - _____ Date of Birth: _____

High School _____
Name City State Zip

Year of High School Graduation: _____

Term Applying for: FA SU SP INT Year Applying for: _____ Full-time Part-time

Date of Previous Application to USF: _____ Were You Accepted? Yes No

Do you plan to graduate from USF? Yes No Proposed College Major: _____

List all post-high school institutions attended beginning with the most recent:

Institution Name	Address	Dates Attended	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You will need to request transcripts be sent to USF from each of the above institutions.

Employer: _____ Tuition benefits including _____

Church: _____
Name Address City State Zip

Housing plans: Residence Hall Off Campus With Spouse/Parents

I hereby affirm that the information contained on this application is correct and complete.

Signature _____ Date _____