



Office of Admissions & Records  
140 Seventh Avenue South, BAY 102  
St. Petersburg, FL 33701-5016  
553-4142 [www.stpt.usf.edu/admissions](http://www.stpt.usf.edu/admissions) FAX (727) 553-4525

**STUDENT SELF-DECLARATION FORM  
(CHANGE OF CAMPUS)**

**Student Identification Number**

**Today's Date**

**Please print or type – Last Name**

**First Name**

**M.I.**

**PLEASE ENTER OR UPDATE THE FOLLOWING INFORMATION IN MY UNIVERSITY RECORD:**

**My Home Campus\*:**  Tampa  St. Petersburg  Sarasota  Lakeland

**I am on active military duty:**  Yes  No

**I am the spouse or dependent of someone on active military duty:**  Yes  No

**I am a veteran of the United States Military Duty:**  Yes  No

**I am a qualified disabled person:**  Yes  No

**If yes, enter appropriate code from list below:** \_\_\_\_\_

**Non degree seeking students only: Are you taking/planning to take courses for teacher certification or recertification in this term?**  Yes  No

My intended major \_\_\_\_\_

Student signature \_\_\_\_\_

*\*In signing the above, I acknowledge and accept any difference in tuition & fee charges that may occur as a result of my request to change my home campus.*

*Note: requests to change campus after the 5<sup>th</sup> day of the term will not be processed and must be submitted by the deadline in a subsequent term.*

Code	Disability	Code	Disability
A	Absence of or amputation of member of the body	I	Diabetes
B	Blood serum disorder	L	Dyslexia or other learning disorder
C	Cardiovascular disorder	M	Neuromuscular disorder
E	Epilepsy	O	Other
F	Orthopedic deformity	Q	Mental, Psychoneurotic or personality disorder
G	Neurological disorder	R	Respiratory disorder
H	Hearing	S	Speech
		V	Vision

**OFFICE USE ONLY:**

COLLEGE: \_\_\_\_\_ DEPT: \_\_\_\_\_ MAJOR: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_