## University of Central Florida Application for Supporting Teacher Education Pre-professionals (STEP) Program

P	lease type or print	application			
	ll Name: Last 4 Digits of your PID:				
Date of Birth:	Gender:		Ethnicity/Race:		
Address:					
City:	State:	Z	ip Code:		
Telephone:	Email A	Email Address:			
Emergency Contact Name:		Emergency Telephone:			
Please respond to for	ollowing questions.	Do not leav	e any item blank.		
Have you submitted an undergrad If yes, include application date. Have you been accepted or denied SAT Score: High School Name: What is your intended major? Do you plan to apply for financia Do you wish to request admission Are you a U. S. Citizen? Yes	d admissions to UCF ACT Score: Graduat  l aid (loans, grants, son consideration based)	?Gion Date:cholarships, on a learnin	etc.)? g or physical disability?		
Have you ever (as a juvenile or an action (not contest), had a record sealed or oprogram, or had adjunction withheld there any criminal charges now pend	expunged, been placed in a criminal offense, f	on probation, elony, misden a non-crin	enrolled in a pre-trial diversion neanor or otherwise, and/or are		
<ol> <li>IF YES, Attach:</li> <li>A handwritten statement outlining judgment.</li> <li>A copy of the arrest record.</li> <li>A copy of any court records.</li> <li>A copy of probation release, if a copy of fines paid, if applicab</li> </ol>	pplicable.	t's decision, a	nd your compliance with the		
Signature:		D	ate Signed:		

Please send application, transcripts, and most recent report card to: Dr. Connie Goodman, University of Central Florida, P.O.Box 161250, Orlando, Florida 32816-1250