University of Florida Health Science Center/Jacksonville
Office of Educational Affairs
Student Biographical Information Form

***NOTE: Non UF Students should only complete this form if you are requesting housing on campus**

Name_____

Preferred Name_____

Address_____

City, State, Zip_____

Cell Number_____

E-mail Address_____

UF ID or SSN #_____

Rotation Dates/Department_____
(For Non-UF Students ONLY)

CHECK ONE: ☐Male ☐Female

CHECK ONE:
☐College of Medicine
- ☐3rd year
- ☐4th year
- ☐Physician Assistant

☐College of Pharmacy
☐College of Nursing
☐College of Dentistry
☐College of Health Related Professions
- ☐Occupational Therapy
- ☐Physical Therapy
- ☐Recreational Therapy
- ☐Speech Therapy

OTHER: _____

DO YOU NEED HOUSING WHILE ROTATING IN JACKSONVILLE? ☐YES ☐NO
(If you mark YES, a bed will be reserved for you for all Jax rotations. If you mark NO, a bed will not be reserved)

NOTE: Housing availability is NOT guaranteed for non-University of Florida students

In case of emergency, whom should we contact?

Name_____

Phone_____

Address_____

City, State, Zip_____

Revised 4/11/09 ec