

**Request for Residency Classification
for
HIGH SCHOOL NON-DEGREE STUDENTS ONLY**

**MAIL TO: Demarus Johnson
FLORIDA ATLANTIC UNIVERSITY
Student Support Services Building, SU 80 145-O
777 Glades Road • Boca Raton, FL 33431 FAX # (561) 297-2081**

This form is used to establish residency status for tuition purposes **for non-degree seeking students** at FLORIDA ATLANTIC UNIVERSITY. All **NEW** non-degree students, or those who have not attended FAU within the last year, must complete this form. This form should be submitted by mail with your non-degree enrollment application. If you are a transient student from another state university in Florida, a State University System Transient Student form can be used in lieu of this form.

Student Name: _____ SSN: _____

Currently attends: _____ High School

Current grade level: _____ Term applying for: _____

Daytime phone: (_____) _____

Student's address (include city/state/zip code) and if under 25, **indicate parent's name and address below:**

NOTE: If you are a non-US citizen please see Important Information in Section a. and Part 1-#6 below.

A Florida "resident for tuition purposes" is a person who (or a dependent person whose parent or legal guardian) has established and maintained legal residence in Florida for at least twelve months immediately preceding the first day of class for the term you wish to pay in-state fees. Other persons not meeting the twelve month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories listed below as authorized by the Florida Legislature and The Florida Board of Education. **All other persons are ineligible for classification as a Florida "resident for tuition purposes."**

IMPORTANT: BE AWARE THAT THIS FORM IS SUBJECT TO REVIEW & THE RESIDENCY DETERMINATION MADE MAY BE CHANGED. IF YOUR RESIDENCY IS CHANGED, YOU WILL BE NOTIFIED BY MAIL!

- A To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or a legal granted indefinite stay by INS or one of the following visa categories which have been approved by the State of Florida for eligibility (all other residency requirements also apply): A, E, G, H-1, H-4, I, K, L, N, O-1, O-3, R, NATO 1-7.
- B Living in or attending school in Florida will not, in itself, establish legal residence.
- C Students who depend on out-of-state parents for support are presumed under the law to be legal residents of the same state as their parents.
- D Residence in Florida must be for the purpose of establishing a permanent home and not merely for enrollment at an institution of higher education.

E Documents supporting the establishment of legal residence must be issued or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought.

PART I DEFINITIONS (At least **one** must be checked. Please check all that apply.)

(Copy of most recent tax return or other documentation may be requested to establish dependence/independence status)

- _____ 1. I am an independent person (I provide more than 50% of my own support) and have maintained legal residence in Florida for at least 12 months. If under the age of 25, a copy of your parent's most recent tax return must be provided in addition to all other documents.
- _____ 2. I am a dependent person (50% or more of my support is provided by another as defined by the IRS) and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.

- _____ 3. I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months not primarily to attend an institution of higher education. (Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency required.)
- _____ 4. I am married to a person who has maintained legal residence in Florida for at least twelve months. I have established legal residence and intend to make Florida my permanent home. If spouse is an FAU student, please provide their name and social security number. (Copy of marriage certificate required.) _____
- _____ 5. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago, and am now re-establishing Florida legal residence. (Proof of prior classification required.)
- _____ 6. According to the US Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 months. (INS documentation required.) **My Alien Number is:** _____
- _____ 7. I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida [or I am the member's spouse or dependent child]. (Copy of military orders or military document showing home of record required.)
- _____ 8. I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education [or I am the employee's spouse or dependent child]. (Copy of employment verification required.)
- _____ 9. I am part of the Latin American/Caribbean scholarship program. (Copy of scholarship papers required.)
- _____ 10. I am a full-time employee of a state or local agency taking job-related law enforcement or corrections training paid for by my employer. (Copy of employment verification required.)
- _____ 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Tuition Scholarship Program (S. 1009.984, F.S.) (Proof of plan required).
- _____ 12. I am a Southern Regional Education Board Academic Common Market graduate student. (Proof of scholarship required.)

OFFICE USE ONLY

Residency Code _____ Approved _____ Denied _____ Date _____ Initials _____

Posted: OASIS (#7, #10) _____ OASIS (#9) _____ OASIS (#11A) _____ Letter sent _____
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PLEASE NOTE: At least one (1) of the documents provided must be dated/issued twelve (12) months prior to the first day of classes for the term you wish to pay in-state tuition rates. **(DOES NOT APPLY TO HIGH SCHOOL DUAL ENROLLMENT STUDENTS)**

FLORIDA RESIDENT CLASSIFICATION (See above for criteria): The person claiming residency (The student if independent, the parent if dependent) should complete this section if the student is new to FAU or has not been enrolled within the last 12 months. Complete at least 2 items below and provide copies of documentation. **Citizenship box must be checked.**

PARENT/GUARDIAN COMPLETES THE FOLLOWING SECTIONS

COMPLETE AT LEAST 2 ITEMS – AND SUBMIT WITH COPIES

Declaration of Domicile #: _____ Issue Date: _____

Florida Driver's License #: _____ Issue Date: _____

Florida Voter Registration #: _____ Issue Date: _____

Florida Vehicle Registration #: _____ Issue Date: _____

Own A Home in Florida - Location _____ Date Purchased: _____

Own Florida Real Property - Location _____ Date Purchased: _____

Florida Banking Relationship Established - Location _____
Date Account Established _____

Member of Florida Organization - Name of Organization _____
(Member card number) _____

Florida Professional/Occupational License # _____ Issue Date (mm/dd/yy) _____

Type of Professional License _____

Citizenship (Please Check)

_____ U.S. Citizen

_____ Permanent Resident Alien, Resident Alien #

Date Card Issued _____

Date Card Expires _____

**** Copies of both sides of Resident Alien card needed for both student and parent/guardian, if applicable.**

***** Country of Citizenship:** _____

_____ Legal Alien granted indefinite stay by I.N.S., Visa Type _____

Date Issued _____

Date Expires _____

THE FOLLOWING AFFIDAVIT MUST BE SIGNED BY THE STUDENT OR PERSON CLAIMING RESIDENCY

I do hereby swear and affirm that the information provided above for the purpose of residency classification for tuition purposes is true and correct.

I UNDERSTAND THAT A FALSE STATEMENT IN THIS AFFIDAVIT WILL SUBJECT ME TO PENALTIES FOR MAKING A FALSE STATEMENT PURSUANT TO 837.06 OF THE FLORIDA STATUTES. I ALSO UNDERSTAND THAT THE UNIVERSITY IS EMPOWERED TO REQUEST FURTHER INFORMATION OR DOCUMENTATION IF DEEMED NECESSARY.

Signature of parent/guardian _____

Date _____