

OFFICE OF THE REGISTRAR

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REQUEST FOR RESIDENCE RECLASSIFICATION FOR DEGREE-SEEKING STUDENTS

This form is used to establish residency status for tuition purposes for degree-seeking students who have previously attended FLORIDA ATLANTIC

	non-residents and wish to be considered		
		Student I.D. (Z #):	
Term for which I	request in-state tuition:	Daytime phone: ()	
Legal permanent	home address:		
If under age 25, μ	parent's complete name and address:		
Country of Citize	nship:	(If Non-U.S. CITIZEN) My Alien	# is:
and/or my VISA ty IMMIGRATION [ype is and I h DOCUMENTATION. (Documentation su	ave read Section A. and have checked Part I, #6 below. (AT abmitted must be valid through term of entry.)	TACH COPIES OF ALL CURRENT
FAU E-mail addre	ess:		
in Florida for at le 12-month legal re	ast 12 consecutive months immediately pr sidence requirement may be classified as F red by the Florida Legislature and Florida I	a dependent person whose parent or legal guardian) has estab rior to his/her initial enrollment in an institution of higher edu- Florida residents for tuition purposes only if they fall within one Board of Governors. All other persons are ineligible for class	cation. Other persons not meeting the of the limited special categories listed
IMPORTANT:			
the US Bureau	of Citizenship and Immigration or in on	u must be a U.S. citizen, permanent resident alien, or a leg ne of the following visa categories: A, E, G, H1, H4, I, K, L, eligibility (all other residency requirements apply).	
O	ending school in Florida will not, in itse	, 0	
	depend on out-of-state parents for suppo te as their parents.	ort or are claimed as a federal tax exemption are presumed	under the law to be legal residents
	· ·	shing a permanent home and not merely for enrollment at	ŭ
	pporting the establishment of legal residit classification is sought.	ence must be issued or filed 12 months before the first day	of classes of the term for which a
PART I. DEFINIT	IONS (Please select a definition which reclaimed as independent or dependent for	most clearly applies to you. You must submit a copy of the	most current tax return on which
2. I am a de in Florida 3. I am a de residence as a depe	ependent person (50% or more of my support is a for at least 12 months. (A copy of their most ependent person who has resided for five year in Florida for at least 12 months not primarily endent or other proof of dependency is enclosed in the proof of dependency is enclosed in the proof of the maintained legal rent home. (Copy of my marriage certificate is expendence)	is provided in addition to other documents. is provided by another as defined by the IRS) and my parent or legal in recent tax return on which I was claimed as a dependent or other is or more with an adult relative other than my parent or legal guardy to attend an institution of higher education. (A copy of their most is sed.) is idence in Florida for at least 12 months. I have established legal is enclosed.) If my spouse is an FAU student his/her name and social second classified as a Florida resident for tuition purposes. I abandoned	proof of dependency is enclosed.) lian and my relative has maintained legal recent tax return on which I was claimed residence and intend to make Florida my recurity numbers are:
ago, and	am now re-establishing Florida legal residence of to the US Bureau of Citizenship and Immigrator at least 12 months. (A copy of my INS does to a least 12 months.) (A copy of my INS does to a least 12 months.) (A copy of my INS does to a least 12 months.) (A copy of my INS does to a least 12 months are a least 12 months.) (Bill-time instructional or administrative employ of the Latin American/Caribbean scholarship Ill-time employee of a state or local agency tak on is enclosed.) (Bullified beneficiary under the terms of the Flore outhern Regional Education Board Academic Company of the Institute of the Inst	te. (A copy of my proof of prior classification is enclosed.) ration, I am a permanent resident alien or other legal alien granted in commentation is enclosed.) All other residency requirements apply. tes and am stationed in Florida on active military duty pursuant to m d. (A copy of my or my spouse's/parent military orders or document we employed by a Florida public school, community college or in or my spouse's/parent employment verification is enclosed.) program. (A copy of scholarship papers is enclosed.) rida Pre-Paid Postsecondary Expense Program (S. 240.551, F.S.). (A common Market graduate student. (A copy of my proof of scholarsh ertain applicants who do not meet the 12-month legal residence recution will require documentation in support of the above exceptions exceptional categories are as follows: ave completed 12 consecutive months of college work at the Florida teaching at a Department of Defense Dependent School or in an Ar Florida teaching certificate.	ndefinite stay. I have maintained domicile ilitary orders, or whose home of record is ints showing home of record is enclosed, stitution of higher education or I am the my employer. (A copy of my employment copy of my proof of plan is enclosed.) hip is enclosed.) Quirement to be classified as Florida; however, the student does not have to a State University Panama Canal Branch, merican International School and who
dependent childe 4. Active duty mem	ren, attending a public community college or abers of a foreign nation's military who are ser	oned in this state under the North American Air Defense (NORAD) university within 50 miles of the military establishment where they ving as liaison officers and are residing or stationed in this state, and the state of the sta	are stationed. I their spouses and dependent children,
5. Linkage Institute FS, which establi	participants receiving partial or full exemption	iles of the military establishment where the foreign liaison officer is ns from S. 1009.21, FS, based on criteria approved by the Florida Dy institutions in this state and foreign countries. See Section 7.0, Imr	epartment of Education per S. 288.8175,
		OFFICE USE ONLY	
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Posted: 7 ______ 110 _____ 111 ____ Letter sent __

You must submit copies of all documentation for review (which are applicable) and subject to verification.

PART II. DOCUMENTATION – The person claiming residency should complete and document the following sections (1-3). If an independent person, that will be the student; if a dependent person, that will be the parent or legal guardian; if the application is based upon the residency of a spouse, the information should be on both you and your spouse.

if the application is based upon the residency of a spouse, the information should be on both you and your spouse. 1. PHYSICAL PRESENCE – DOCUMENTATION SUCH AS LEASE, DEED, HOMESTEAD, DORM AGREEMENT, ETC. MUST BE PROVIDED FOR ALL ADDRESSES WITHIN THE LAST 12 MONTHS. (Indicate type of residence as follows: lease, own, rent room, family home, dorm.) Current address: How long have you resided at this address? ___ ____ years ___ __ months (TYPE _ Previous address: How long did you reside at this address? ______ years _____ months (TYPE ___ If the above addresses do not total 12 months, please account for the other months: ADDITIONAL VERIFICATION FOR PHYSICAL PRESENCE – documentation must be provided for the following: BANK ACCOUNT: Attach copies of early and late bank statements or letter from bank. If you are submitting bank statements, please blacken out your account number and the balance in your account(s). Date acct. opened: ______ Is it an active account? __ SCHOOL(S) – other than FAU: Name/City/State Dates attended: from/to full-time/part-time OCCUPATIONAL LICENSE: (Attach copy of license/certificate.) State Type of License: Florida Articles of Incorporation (attach copy): Name and Date activated Florida Articles of Incorporation: EMPLOYMENT - [Provide letter(s) on company letterhead stating dates of employment in Florida, average hours worked per week, whether full- or part-time status.] 1) Employer's name/address/phone: _____ full-time? _____ part-time? _____ Average hours worked per week? _ ___ to ___ 2) Employer's name/address/phone: to _____ full-time? ____ part-time? ____ Average hours worked per week? __ Dates employed: from ____ 2. LEGAL RESIDENCE – IT IS EXPECTED THAT AT LEAST (2) TWO OF THE FOLLOWING BE DATED, ISSUED OR FILED AT LEAST 12 MONTHS PRIOR TO THE FIRST DAY OF CLASSES FOR THE TERM FOR WHICH FLORIDA **RESIDENT CLASSIFICATION IS SOUGHT: (Attach copies) Drivers License:** State Date Issued Number Date Issued _ Number __ Voter Registration: State ___ State __ Decal # Vehicle Registration: Date Issued Declaration of Domicile: Date filed Date established residence County 3. INTENT – FLORIDA STATUTES SPECIFY THAT YOUR INTENT FOR BEING IN FLORIDA IS NOT PRIMARILY FOR EDUCATIONAL PURPOSES. The following information is used to determine the intent of the applicant: Have you been employed in Florida during the last 12 months? Yes ___ __ No _____ If so, complete the "Employment" section above and provide documentation as outlined. Do you own a home in Florida? Yes _____ No _____ If so, provide copy of deed, homestead exemption, etc. PART III. AFFIDAVIT - THIS SECTION MUST BE SIGNED BY THE PERSON CLAIMING RESIDENCY I do hereby swear and affirm that the information provided above for the purpose of obtaining Florida residency 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 REQUIRE ADDITIONAL INFORMATION OR DOCUMENTATION IF DEEMED NECESSARY.

Signature of person claiming Florida residency