



Name: _____ G #: _____
First Name Last name

Present Address: _____ Birth Date: ____ / ____ / ____
Street City State Zip Code

Term Requesting Reclassification: _____ Phone #: (____) _____
Term Year

The information requested is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code Section 68062. Failure to answer all questions may cause you to be classified as nonresident. You may submit other information that you believe will establish your California residence. A summary of the regulations is printed in the college catalog.

1. What state do you regard as your permanent home? _____
2. If California, when did your present stay begin? ____ / ____ / ____
Month Day Year

3. List places you lived, dates and the parent (if appropriate) with whom you resided before present stay in California began:

FROM	TO	STATE	PARENT

4. Citizen status (check one):
- | | | |
|---|---|---|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> J Visa / M Visa | Issue Date of I-551 or Visa:
____ / ____ / ____
<small>Month Day Year</small> |
| <input type="checkbox"/> Immigrant I-551 "green card" | <input type="checkbox"/> Refugee / Asylee / PIP | |
| <input type="checkbox"/> F Visa | <input type="checkbox"/> Other Visa _____ | |
| <input type="checkbox"/> None of the above | | |

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces? Yes No
 If "yes," explain relationship and answer No. 7 as it pertains to the service system _____

6. If you will be 19 years of age or older by the residence determination date (one year prior to the first day of the term), answer numbers 7 through 18 as they pertain to you. If you will be younger than 19 years of age by the residence determination date, answer this item giving the name and address and other requested information about the natural or adopted parent with whom you most recently resided, or if both parents are deceased, about your legal guardian: then complete numbers 7 through 18 as they pertain to the parent or guardian whose name you will provide below:

Name: _____ Relationship: _____

State regarded by that person as permanent home: _____

Permanent address: _____

Present actual whereabouts: _____

How long (continuously) living in California, if at all: _____

7. Member or veteran of U.S. armed forces? Yes No Date joined ____ / ____ / ____ From what state? ____

8. Ever registered to vote? Yes No

<u>State</u>	<u>Date Registered</u>	<u>Date Last Voted</u>
_____	____ / ____ / ____	____ / ____ / ____
_____	____ / ____ / ____	____ / ____ / ____

9. Do you possess a valid driver's license? Yes No State _____ Date Issued _____ License Number _____
_____/_____/_____
_____/_____/_____

10. Current registration of all motor vehicles owned: 1. _____/_____/_____ 2. _____/_____/_____
State Month Year State Month Year

11. Are all personal effects located in California? Yes No If "no," attach explanation

12. List the state and year in which last three state income tax returns were filed on total income: 1. _____/_____/_____ 2. _____/_____/_____ 3. _____/_____/_____
State Year State Year State Year

13. Purchase date(s) and location(s) of California real property owned: 1. _____/_____/_____ _____ 2. _____/_____/_____ _____
Date City Date City

14. Purchase date(s) and location(s) of other real property owned: 1. _____/_____/_____ _____ 2. _____/_____/_____ _____
Date City, State Date City, State

15. Source of financial support for the past year: _____

16. Were you employed in California in the past year? Yes No
Employer: _____ From _____/_____/_____ To _____/_____/_____

17. Address shown on current W-2 form: _____

18. Active California banking account(s): _____
Bank Date Opened Bank Date Opened

Student Financial Independence Status

Education Code Section 68044 requires that the financial independence of a nonresident student seeking reclassification as a resident be included in the factors to be considered in the determination of residence. Therefore, please answer all the following questions.

- Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current calendar?..... Yes No
- Were you claimed as an exemption for state and federal tax purposes by your parent(d) in any of the past three calendar years?..... Yes No
- Have you received or will you receive more than \$750 per year in financial assistance from your parent(s) in the current calendar year?..... Yes No
- Did you receive more than \$750 per year in financial assistance from your parents(s) in any of the three past calendar years?..... Yes No
- Have you lived or will you live for more than six weeks with your parent(s) during the current calendar year?..... Yes No
- Did you live for more than six weeks with your parent(s) during any of the three past calendar years?..... Yes No
- Are your parents California residents?..... Yes No

Certification – to be read and signed by all students completing this form

I certify under penalty of perjury, or after first being duly sworn, that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete and accurate. I certify (swear) that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts upon which the residence determination was made, such as the state of residence and military status of my parent(s) if I am a minor, or, if not, changes in any of the above for me or my spouse. I authorize release of any information submitted by me in connection with my application for admissions and termination of residence to any person, firm, corporation, association or government, whether federal, state local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceeding.

Applicant's Signature

Date

Office Use Only	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident <input type="checkbox"/> Foreign <input type="checkbox"/> Pending
	Term: <input checked="checked" type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	By _____ Date _____ May Reapply: <input checked="checked" type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year: _____ NOTE: _____