

State University System of Florida  
Request for Change of Residency Status

Please read the following information concerning residency. If you believe you qualify as a Florida resident for tuition purposes, complete this form, attach copies of all requested documentation, and submit the package **no later than the end of the first week of classes** in the term for which you seek reclassification. Original documentation must be available for review. Additional documentation other than what is described may be required by the University.

A Florida "resident for tuition purposes" is a person who has or a dependent person whose parent or legal guardian has established and maintained legal residence in Florida for at least 12 months. Other persons not meeting the 12-month legal residence requirement may be classified as Florida residents for tuition purposes in Florida only if they fall within one of the limited special categories 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."

**IT IS IMPORTANT TO KNOW:**

- To qualify as a Florida resident for tuition purposes you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the INS.
- Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which reclassification is sought. All documentation is subject to verification.
- Living in or attending school in Florida will not in itself establish legal residence.
- Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education.

**ATTACH COPIES OF DOCUMENTATION**

- A copy of you and your parents' most recent tax return or other documentation may be requested to establish dependence/independence.
  - DEPENDENT:** A person for whom 50% or more of his/her support is provided by another as defined by the IRS.
  - INDEPENDENT:** A person who provides more than 50% of his/her support.
    - A copy of a marriage license is required in all cases of a spouse claiming a partner's residency.

- I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- I am a dependent person and my parent/legal guardian has maintained legal residence in Florida for at least 12 months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- I am a dependent person who has resided for five years with an adult relative other than my parent/legal guardian, and my relative has maintained legal residence in Florida for at least 12 months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage license, spouse's voter registration, driver license, and vehicle registration.)
- 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.
- According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least 12 months. (Required: INS documentation and proof of residency status.)
- I am part of the **Latin American/Caribbean Scholarship program**. (Required: Copy of scholarship papers.)
- I am a **member of the armed services** of the United States and I am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a member's **spouse or dependent child**. (Required: Copy of military orders or DD2058 showing home of record.)
- I am a full-time instructional or administrative employee of a **Florida public school, community college, or institution of higher education**, or I am the **employee's spouse or dependent child**. (Required: Copy of employment contract.)
- I am a qualified beneficiary under the terms of the **Florida Pre-Paid Post-Secondary Expense Program**, S.240.551, F.S. (Required: Copy of card.)
- I am **living on the Isthmus of Panama** and have completed 12 consecutive months of college at the FSU Panama Canal Branch, or I am the student's **spouse or dependent child**. (Required: Copy of marriage license or proof of dependency.)
- I am a **Southern Regional Education Board's Academic Common Market** graduate student. (Required: Certification letter from State Coordinator.)
- I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Copy of employment verification.)
- I am a **McKnight Fellowship** recipient. (Required: Verification from graduate studies.)
- I am an active member of **Florida National Guard** who qualifies under Florida Statutes s.250.10 (7) and (8) for the tuition assistance program.

**Person claiming residency should complete this section in full. Please print.**

Term for which residency change is requested: \_\_\_\_\_ (If request is denied, a new application must be submitted to reapply.)

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Student's Permanent Address \_\_\_\_\_

(City/State/Zip Code) \_\_\_\_\_

Student's Phone Number \_\_\_\_\_ Student's E-mail Address \_\_\_\_\_ Student's Birth-date \_\_\_\_\_

Name of person claiming Florida residency \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**AFFIDAVIT STATE OF FLORIDA**, County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, do hereby swear or affirm that I have been or will be a Florida resident and domiciliary for the preceding 12 months. Florida is my true, fixed and permanent home and place of habitation. Florida is the state where I live, remain, and to which I expect to return when I leave. As evidence of my intention to make Florida my permanent home, I have supplied certain documents which show that I began establishing my domicile at least 12 months ago or that I qualify under the exception provision checked above.

I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statute.

\_\_\_\_\_  
Signature of student or claimant in ink Date

**NOTE: Any associated fees for the term in which you seek residency must be paid no later than the end of the fifth day of the first week of classes. If Florida status is approved, you may contact the Office of Finance & Accounting for a refund.**

OFFICE USE ONLY

Action Taken

APPROVED

DENIED

Effective

, 20

By

Date

Residency Code

**If student is under 25, list parents' complete names and address:**

Names-Last

First

Middle

Street Address

City

State

Zip Code

**If parents reside out-of-state, proof of student's independent/dependent status must be proved – e.g. parents' most recent tax return, affidavits, etc.**

**DOCUMENTATION**

**CLAIMANT:**

Indicate which of the following are applicable in your case, Describe documentation and issue or effective dates, the State of origin and attach photocopies.

**RESIDENCY COUNSELOR:**

Check issue dates on photocopies of initial documentation attached you have to verify and comment below.

1. Own home? \_\_\_\_\_

\_\_\_\_\_

2. Professional/Occupational License? \_\_\_\_\_

\_\_\_\_\_

3. Own Real Property? \_\_\_\_\_

\_\_\_\_\_

4. Full-time, Permanent Employment? \_\_\_\_\_

\_\_\_\_\_

5. Member of Organization? \_\_\_\_\_

\_\_\_\_\_

6. Family Ties? \_\_\_\_\_

\_\_\_\_\_

7. Incorporation? \_\_\_\_\_

\_\_\_\_\_

8. Residence during periods of non-enrollment? \_\_\_\_\_

\_\_\_\_\_

9. Driver's License? \_\_\_\_\_

\_\_\_\_\_

10. Vehicle Registration? \_\_\_\_\_

\_\_\_\_\_

11. Voter's Registration? \_\_\_\_\_

\_\_\_\_\_

12. Declaration of Domicile? \_\_\_\_\_

\_\_\_\_\_

13. Exceptional Category Documentation? \_\_\_\_\_

\_\_\_\_\_

14. Proof of Dependence/Independence, if appropriate? \_\_\_\_\_

\_\_\_\_\_

15. Resident Alien Number? \_\_\_\_\_

\_\_\_\_\_

16. Any other documentation or circumstances you feel are relevant to determining your residency classification? \_\_\_\_\_