



COLLEGE of
CENTRAL
FLORIDA
—an equal opportunity college—

PETITION FOR RECLASSIFICATION TO FLORIDA RESIDENCY FOR TUITION PURPOSES

This Petition for Reclassification to Florida Residency for Tuition Purposes must be received no later than the first day of class for the semester for which you are petitioning. Reclassification of Florida residency is NOT automatic. The student and claimant must prove not only physical presence in Florida for the preceding 12 months, but also intent to make Florida their permanent domicile. Residency determinations and reclassifications are made in accordance with F.S. 1009.21 and Florida Administrative Code 6A-10.044.

INSTRUCTIONS: If you believe you qualify for Florida residency for tuition purposes, complete this form, attach all requested copies of documentation and submit to the CF Office of Admissions and Records. A minimum of one of the documents supporting the establishment of legal residence must be dated, issued, or filed 12 months immediately prior to the first day of classes of the semester for which a Florida resident classification is sought. All documentation is subject to verification. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND COPIES OF ALL DOCUMENTS MUST ACCOMPANY THIS PETITION IN ORDER FOR YOUR PETITION TO BE CONSIDERED. FAILURE TO COMPLETE EVERY SECTION OF THE FORM AND PROVIDE DOCUMENTATION WILL RESULT IN AN AUTOMATIC DENIAL OF THE PETITION.**

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Birth Date: _____
MM/DD/YY

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____ Email: _____

Semester of Residency Request: ☐ Fall ☐ Spring ☐ Summer Year: _____

Have you previously applied for a change in residency? ☐ Yes ☐ No If yes, what semester and year? _____

I. STATUS: Check the one status that describes your situation.

- ☐ I, my parent/legal guardian, or my spouse has lived in Florida for the past 12 months.
- ☐ I, my parent/legal guardian, or my spouse is active duty military personnel stationed in Florida.
- ☐ I, my parent/legal guardian, or my spouse is active duty military personnel whose home of record is Florida.
- ☐ I am a full-time instructional or administrative employee (or dependent of same) employed by a Florida public school, community college or institution of higher education.
- ☐ I am married.
- ☐ I have a child and claim that child as a dependent on my tax return.

II. DEPENDENCY: Check one only.

- ☐ I can be claimed as a dependent for federal income tax purpose by my parent and/or legal guardian. He/she has resided in Florida for the past 12 months. I am providing documentation of his/her residency status, and he/she has filled out the Florida Residency Affidavit (**Part IV**). I am providing documentation as proof of my dependent status. (**Parent/guardian: Proceed to Part III DOCUMENTATION.**)
- ☐ My adult relative, with whom I have been living for at least the past five years, and who claims me as a dependent on his/her federal income tax, is a Florida resident, and has been for at least the past 12 months. I have included copies of his/her federal income tax forms for the past five years, or other documentation as proof of my dependent status. (**Proceed to Part III, DOCUMENTATION for two additional items.**)
- ☐ I am married to a person who has maintained legal residency in Florida for at least 12 months (copy of marriage certificate required). (**Spouse, who qualified, proceed to Part III, DOCUMENTATION.**)
- ☐ I am an independent individual. No one claims me as a dependent. I have filled out the Florida Residency Affidavit below. (**Proceed to Part III, DOCUMENTATION.**)

III. DOCUMENTATION: Please answer each question below by checking YES or NO. **For each YES answer, please attach a copy of the specified documentation.** Three or more items are required for reclassification. At least one item must have an issue date 12 months immediately prior to the first day of class of the major semester in which the residency-for-tuition classification is sought.

Three or more items are required for reclassification.

	YES	NO	ISSUE DATE
1. Do you have a Florida driver's license? (Attach a copy as one of the required items.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are you registered to vote in Florida? (Attach copy of Florida voter's registration card.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Do you own a motor vehicle registered in Florida? (Attach copy of Florida vehicle registration.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Do you own a home in Florida? (Attach copy of mortgage, deed or homestead exemption.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Do you hold a Florida professional/occupational license? (Attach copy of Florida license/certificate.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have you been employed in Florida for the last 12 months? (Attach official letter from employer.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have you been renting or leasing in Florida? (Attach a certified copy of lease agreement/contract.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are you a member of any organization in Florida? (Attach copy of membership card/certificate.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are you a part of the Florida Pre-Paid Post-Secondary Expense Program, F.S.240.551? (Attach a copy of card and photo ID.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Have you resided outside Florida when not enrolled? (If yes, please attach explanation.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you filed a Declaration of Domicile in Florida? (Attach a copy of Declaration of Domicile.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Have you been receiving Florida unemployment or state aid? (Attach copy.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are there any other documents that you believe will support your case? If so, attach copies and list:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Students who maintain an out-of-state driver's license, vehicle registration, voter's registration or employment are not considered permanent residents of the state of Florida. A Florida Only driver's license is not accepted for residency reclassification purposes.

IV. FLORIDA RESIDENCY AFFIDAVIT:

(Please Print) **The dependent student DOES NOT complete this section.**

State of Florida, County of _____, I, _____ being first duly sworn, do hereby swear or affirm that I have been a Florida resident for tuition purposes and domiciliary for the preceding 12 months, or that I qualify under the exception provision provided in these documents. Florida is my true, fixed, 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 that show that I began establishing my residence and domicile at least 12 months ago.

Print Name of Claimant: _____ Relation to Student: _____

Mailing Address: _____
 Street/P.O. Box City State Zip Code

I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes. 837.06. False official statements. --Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable pursuant to F.S.775.082.

Claimant Signature: _____ Date: _____
 MM/DD/YY

Enrollment Services Center use only.

The appropriate documentation for the request is attached.

ES Initials:

Date:

MM/DD/YY

Office of Admissions and Records use only.

☐ Approved ☐ Denied

Date of Decision:

MM/DD/YY

Registrar or Designee Signature:

Processed by: