



**APPEAL OF RESIDENCY STATUS  
DETERMINATION**

**PART I. Appeal to Academic Exceptions and Petitions Review Committee**

**STUDENT INFORMATION**

**CF ID No.:**

**Legal Name:**

\_\_\_\_\_ Last First Middle (complete) Jr., etc.

I request that my residency status be reviewed by the Academic Exceptions and Petitions Review Committee. My appeal is based on the following. (Student must supply specific reasons why the current determination is incorrect and not in line with Florida residency statutes.)

By signing below, I request that all prior paperwork and documentation involved in my residency determination be forwarded to the Academic Exceptions and Petitions Review Committee. I have attached to this form any additional documentation I would like the committee to include in its deliberations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date: MM/DD/YY

**Determination of Academic Exceptions and Petitions Review Committee**

(To be completed by the committee and a copy returned to the student with determination letter.)

Upon review of documentation, the committee has decided to:

- Retain the current residency status.
  - Change the residency status to Florida resident.
- Change is effective:  Fall  Spring  Summer Year: \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman Signature

\_\_\_\_\_  
Date

**APPEAL OF RESIDENCY STATUS DETERMINATION**

CF ID No.:

Legal Name:

\_\_\_\_\_  
Last First Middle (complete) Jr., etc.

Mailing Address:

\_\_\_\_\_  
Street/PO Box City State Zip Code

Telephone:

\_\_\_\_\_  
Daytime

Birth Date:

\_\_\_\_\_  
MM/DD/YY

High School

Applying for residency

Graduation Date:

\_\_\_\_\_  
beginning: Semester/Year

State of Birth: \_\_\_\_\_

List in chronological order the locations where you have resided during the past two years.

Street Address	City	State	Zip Code	Dates From MM/YY	Dates To MM/YY

Are you a citizen of the United States?  Yes (Skip to Part II)  No

If no, are you residing in the United States as a Permanent Resident Alien?

Yes Date of issuance of resident alien card: \_\_\_\_\_

No Status in the U.S.: \_\_\_\_\_

**PART II. Please answer the following questions and provide documentation as requested.**

- Did you graduate from a Florida high school, and if so, when?  
 Yes  No Graduation Year \_\_\_\_\_
- When did you move to Florida? Date: MM/DD/YY \_\_\_\_\_
- Why did you move to Florida? \_\_\_\_\_
- When did you start attending classes at a Florida institution? \_\_\_\_\_ Semester/Year
- Are you attending  Fulltime or  Parttime this semester?
- Do you have a parent or legal guardian who resides in Florida?  Yes  No
- What is your source of income? \_\_\_\_\_
- What address did you use when filing your last federal income tax return? (Attach copy of most recent tax year return.) \_\_\_\_\_
- Do you pay property taxes? If yes, in what state(s) is that property located?  Yes  No  
State(s) \_\_\_\_\_

10. Have you maintained a home in Florida for the last 12 months? (Attach copy of lease agreement and proof of 12 consecutive payments; mortgage and homestead exemption. **NOTE:** Maintenance of a vacation home in the state of Florida cannot be considered for residency purposes.)  Yes  No

11. Do you own a motor vehicle?  Yes  No

If yes, in what state is the vehicle registered? \_\_\_\_\_

When did you first register it in the above state? \_\_\_\_\_

If your vehicle is not registered in Florida, why not? (Attach copy of vehicle registration)

12. Do you have a driver's license?  Yes  No

If yes, in what state? \_\_\_\_\_ Date issued: \_\_\_\_\_ Attach copy of driver's license.

If not a Florida license, why not?

13. In what state are you registered to vote? (Attach copy of voter registration card.) \_\_\_\_\_

14. Are you married to a resident of Florida? (Attach copy of marriage license.)  Yes  No

15. Do you maintain a professional occupational license in Florida? (Attach copy of license.)

Yes  No

16. Are you a member of a Florida based charitable or professional organization?

Yes  No

If yes, name the organization(s). (Attach copies of membership documents.)

17. Have you been employed during the past 12 consecutive months in Florida?

Yes  No

If yes, list names of employers, dates and places of employment **and** indicate if employment was full-time or part-time. (Attach letter of employment verification on company letterhead.)

Employer	Date of Hire	End Date	State	Full-time or Part-time

18. Do you have any other documentation to support this appeal?

Yes  No If yes, attach copies.

I do hereby swear or affirm that the above information submitted is accurate and that the attached documentation has not been altered in any way. 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 and that a false statement in this affidavit may subject the above named student to the penalties for making a false or fraudulent statement.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_  
MM/DD/YY

**For office use only.**

Registrar (or designee) has reviewed the form submitted and all documentation attached.

\_\_\_\_\_  
Registrar or Designee Signature

Date: \_\_\_\_\_  
MM/DD/YY

Comments: