



COLLEGE of  
CENTRAL  
FLORIDA  
*-an equal opportunity college-*

## OUT OF STATE RESIDENCY ACKNOWLEDGEMENT

CF ID No.: \_\_\_\_\_

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

I acknowledge I have spoken with the Office of Admissions and Records, and understand that I have a Florida residency affidavit that has missing or incomplete information. I also understand that I am making the decision to register for \_\_\_\_\_ 20 \_\_\_\_ classes at CF as an **out-of-state resident** and will be charged the **full cost of tuition** for these classes.  
Semester YY

I understand that in order for my tuition and fees to be considered for readjustment to the in-state tuition rate, I must submit ALL required documentation proving Florida residency to the Office of Admissions and Records by the FIRST DAY OF CLASS for the term for which I am seeking classification as a Florida resident for tuition purposes.

I further understand that failure to submit the appropriate or complete information by the first day of classes will result in my status remaining that of an **out-of-state resident** for tuition purposes for the duration of the semester and that changes to residency classification cannot be made retroactively. I realize that I may petition for a reclassification of residency status prior to the end of the add/drop period of any future semester.

I acknowledge receiving a Proof of Florida Residency for Tuition Purposes form, SA-AR4MKPR. This affidavit, including all required supporting documentation, must be completed and returned by the first day of class for the term for which I am seeking a Florida residency classification.

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

\_\_\_\_\_  
Student Telephone No.

**For office use only.**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Processed on: \_\_\_\_\_ Registration hold removed by: \_\_\_\_\_